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Joshua A. Ratner, M.D.



**The Hand & Upper Extremity**  
CENTER OF GEORGIA, P.C.  
SURGERY OF THE HAND, ELBOW AND SHOULDER

*Northside Hospital Doctors Centre*  
980 Johnson Ferry Road NE, Suite 1020  
Atlanta, Georgia 30342

*Northside/Alpharetta Medical Campus*  
3400A Old Milton Parkway, Suite 350  
Alpharetta, Georgia 30005

*Hand & Upper Extremity Surgery Center*  
993D Johnson Ferry Road NE, Suite 200  
Atlanta, Georgia 30342

(404) 255-0226 • [www.HandCenterGA.com](http://www.HandCenterGA.com)

## A Statement of Financial Policies for Our Patients

Welcome to *The Hand & Upper Extremity Center of Georgia, P.C.* We hope to make your visit with us as pleasant as possible. Unfortunately, aside from the emotional and physical impact of any illness or injury, there is often a degree of financial impact as well. We would like to ease your financial burden as much as possible. Your review of our financial policies at this time will help greatly to avoid future misunderstandings and make everyone's job much easier.

Payment on the day of a visit allows a reduction in administrative costs without diminishing the quality of service to you.

### **Insurance for the Office Visit**

Our staff will file your insurance. Deductibles and Co-payments are collected on the day of the office visit. It is the patient's responsibility to obtain referrals for all appointments if your insurance requires. If insurance cannot be verified, or you do not have a referral, we will ask for payment in full for office visits.

### **Liability Claims**

If you are insured in a liability claim (such as an automobile accident), please remember that you are responsible for all medical charges. We cannot hold your account open over 60 days or make a third party responsible for your payment.

### **Worker's Compensation**

In order for us to file on a Worker's Compensation case, we must be able to verify your employers' insurance. Without this verification we ask for payment in full for your visit.

### **Medicare**

We accept assignment on Medicare and file all paperwork for your Medicare claims.

### **Forms and Other Fees**

During the course of your treatment you may need to request forms or copies of records or x-rays for moving, legal, insurance or other reasons. The following are our current administrative fees for these services:

We charge a fee of \$15 for each Disability form. This is usually not covered by Workers Compensation. We also charge \$15 to complete FMLA and Workers Compensation forms.

To provide you with a copy of your records for Workers Compensation or Attorney/Legal purposes, we charge an administrative fee of \$35.

X-ray copies are \$10 per sheet.

### **Insurance for Surgery**

We will provide you with a surgical cost analysis. This is only an estimate, and is subject to change, and cost may vary accordingly. Although we do pre-certify your surgery, you are ultimately responsible for the bill in its entirety, including denial of claim, deductible,

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co-insurance and non-covered charges. Your deductible and co-insurance are due prior to your surgery date.

*I have read and understand the Financial Policies Statement.*

Patient's Signature:

Date:

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