



Patient Financial Policy

Welcome to *The Hand & Upper Extremity Center of Georgia, P.C.* We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you at any time. Our fees for service, including office visits and surgeries, are based on the level of professional skills required, the severity and complexity of the injury or illness, as well as the time spent treating you. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, or your financial responsibility.

INSURANCE

As a courtesy to you, we will bill your insurance company. If your policy requires a co-payment, the amount must be paid at the time of service. We accept cash, check, VISA, MasterCard, American Express, or Discover.

SELF-PAY

Self-pay accounts shall exist if the patient has no insurance or the coverage cannot be verified prior to the visit. For new patients, a deposit of \$173 will be required on the day of your appointment before being seen by the Physician. If you are unable to pay the deposit, please contact the billing department at (404)256-8975 prior to your appointment.

NON-PARTICIPATING INSURANCE PLANS

As a service to our patients, we will bill your insurance if it is out of network. Any outstanding balances are the responsibility of the patient and may need to be paid at time of service. It is **YOUR** responsibility to be aware of the clinic's participating status with your insurance.

REFERRALS

If your insurance plan requires a referral from your primary care physician, it is **YOUR** responsibility to obtain it prior to your appointment and to have it with you at the time of your appointment. If you do not have your referral, you may have to reschedule. If no referral is obtained, the visit will become your responsibility.

WORK COMP

It is the patient's responsibility to provide our office staff with your adjusters name and employers contact information regarding a workers' compensation claim. Before being seen by the physician the employee must provide the office with your claim # and carrier information. If the claim is denied by the workers' compensation insurance carrier, it then becomes the patient's responsibility.

MEDICARE

Our office accepts Medicare and will accept assignment. We will also file any secondary insurance. The patient will be responsible for any deductibles and coinsurance amounts not covered by their secondary insurance.

RETURN CHECK FEES

Any returned checks from the bank due to non-payment shall result in a \$35 fee in addition to the amount of the check.

FORMS AND ADDITIONAL FEES

There is a fee of \$15 for any completion of paperwork, including disability forms, FMLA forms, or work comp forms. In addition, if you require a copy of your medical records there will be an additional \$35 fee. X-ray copies are \$10 per

sheet. These fees will be collected prior to the release of this information and will be charged each time the paperwork is requested.

MINORS

The parent(s) or guardian(s) is responsible for full payment and will receive the billing statements. A signed release to treat may be required for unaccompanied minors.

COLLECTIONS

Our billing staff will be available to set up arrangements to keep your account current. In the event that your obligation is not met, your account may be subject to be transferred to our attorney's office for the collection process. In the event an account is turned over for collections, the person financially responsible for the account will be responsible for all collections costs including attorney fees and court costs. If you have any questions, please call our billing staff at (404)256-8975.

I acknowledge that I have read and understand the Financial Policy of *The Hand and Upper Extremity Center of Georgia, P.C.*

Patient Name: _____ Date: _____

Patient or Guardian's Signature: _____