

## FINANCIAL POLICY

### **Copays, coinsurance and deductibles are due at the time of service.**

Our office attempts to verify your benefits prior to your appointment; however, this is not always possible. Often we do not know what the coverage is until we receive payment from your insurance company.

Often the Well Woman Visit (Preventative visit) is covered at 100% but this is NOT always the case. Not all tests and procedures ordered at the time of your Preventative Visit are considered a covered benefit. The Preventative Visit is NOT a problem visit. If you have a problem, question or abnormality that requires additional evaluation, treatment, or counseling you may be asked to schedule another appointment or you will be billed for an Office Visit in addition to your Preventative Visit. You will be responsible for all charges associated with this visit.

### **If you do not have insurance or your insurance cannot be confirmed you will be considered self pay and all charges are due at the time of service.**

### **A credit card on file may be required.**

The card on file agreement allows the practice to put your credit card on file and establish a preauthorized payment agreement. If a card is left on file, we will collect from the card on file for office visits, procedures and balances. You will be notified by email 5 days before your card is debited. This agreement is signed at the time it is created.

### **We accept, cash, checks, debit and credit cards.**

A \$35 nonsufficient fund fee will be charged on any returned checks. We will not hold checks.

### **A 24 hour cancellation is required for all appointments. If this is not provided you will be charged the following:**

New patient	\$75	Interstitial Cystitis Program	
Office procedures	\$75	New Patient	\$100
Ultrasounds	\$75	Return visit	\$ 50
Office visits	\$35	Bladder instillation	\$ 25

### **You may be billed for after hours calls.**

This will be billed directly to you as it is a non-covered service.

### **A fee of \$15 will be collected for completing disability forms, FMLA papers, letters, and any other additional correspondence.**

More than 3 pages will be charged \$5 per page.

### **There will be a charge for a copy your medical records.**

An administrative charge based on Georgia General Assembly Code S31-33-3 will be assessed for copying records.

### **Balances over 90 days will be turned over to a collection agency and your care with our office will be terminated.**

### **Our financial office is available to answer questions regarding your account and will assist you in any way that we can in resolving insurance issues.**

### **I have read the Financial Policy, have been given an opportunity to discuss the policy with the office staff, and agree to the terms.**

\_\_\_\_\_  
Signature of Patient or Authorized Person

\_\_\_\_\_  
Date