

**GEORGIA THORACIC & CARDIOVASCULAR SURGICAL ASSOCIATES
FINANCIAL POLICY**

Despite the present national healthcare crises, we are committed to meeting your healthcare needs. Although quality and personalized medical care may sometimes be expensive, we will strive to accomplish it in a cost effective manner.

There is much misunderstanding regarding the role of Insurance and other Third party payers in this process. The following is an attempt to explain our financial policies.

1. Services are provided to patients, not to insurance companies. Private practice medicine is Fee-for Service and implies a contract between patient and provider.
2. Insurance contracts are between companies and beneficiaries (patients) for reimbursement of certain covered expenses.
3. In cases where we do have contracts with managed care companies, we will comply by their regulations. In other words, we will be filling your claims with the appropriate carriers and collecting your co-pay at the time of service.
4. Patients covered under a HMO or PPO are responsible for their co-pay at the time of service. They are also responsible for any portion of charges designated by their insurance company.
5. In order for our business office to file your insurance correctly you must give the receptionist a copy of your most current Insurance card along with your referral number.
6. If your HMO policy requires you to have a referral number, you are responsible to provide the number at the time of services.
7. Recipients of medical care are expected to pay for those services whether covered by Insurance or not. Insurance coverage is determined by your contract with the company. Bills not paid by Insurance remain the responsibility of the patient.
8. All co-payments are due at the time of service. A \$25.00 service fee will be charged for failure to pay the co-payment at the time of service. We will assess a \$35.00 non-sufficient fund (NSF) fee on any bad checks.
9. Charges for copy of medical records is \$35.00 and for disability forms completion \$25.00.
10. In the event the "patient responsibility" portion of your account becomes 60 days past due, you will be assessed a late fee charge of 5% interest on the balance every month, which will accrue until the account is paid in full.
11. In addition, you also understand and agree to pay any and all collection costs (33.33%), attorney fees, filing fees and court costs if any past due balance is placed with an agency or attorney for collection, suit or any other legal action.
12. In situations of severe financial hardship, we will consider making special arrangements on a case by case basis. Please discuss this with our office manager immediately if you feel it applies to you.
13. If you have any questions, our staff is ready to help provide you with the answers. I have read and agree to the financial policy of this office.

Print name

Signature

Date