



Atlanta South Gastroenterology, PC Financial Policy

Thank you for choosing **Atlanta South Gastroenterology, PC** as your health care provider. We are committed to providing you the best possible medical care. We would like to keep you informed of our current office and financial policies. We require you to read and sign this agreement. We will place a signed copy in your chart, and you may keep the original for future reference.

Insurance: As a courtesy, our office will bill your insurance for the services you receive. We cannot bill your insurance company unless you give us your correct insurance information. Please understand that your medical insurance is a contract between you and your insurance company. We are not a party to that contract, and your bill is ultimately your responsibility whether your insurance company pays or not. We can often help with providing information to help get your claim paid, but if your insurance company has not paid your account in full within 45 business days, it will then become your responsibility to pay the balance.

Co-payments, deductibles and fees: All co-payments, insurance deductibles and fees for services not covered by your insurance policy are due at the time service is rendered. The co-pay cannot be waived, as it is a requirement placed on you by your insurance company.

No insurance: Payment is due at the time of service. If you are unable to pay your balance in full, you must make prior arrangements with our Office Manager.

Payment: We accept cash, personal checks, VISA, Master Card, Discover Card and American Express.

Returned checks: A \$30.00 charge will be added to your account for any check returned by your bank for any reason. This will be in addition to any charges applied by your bank.

Missed appointments: If you are unable to keep your scheduled appointment, please call our office at least 24 hours in advance to cancel or to reschedule. This will allow us to provide that time slot to another patient. If they are not cancelled at least 24 hours in advance, it is our policy to charge \$25.00 for missed office appointments and \$100.00 for missed endoscopy appointments. The missed appointment fee cannot be billed to insurance, and is the responsibility of the patient.

New patients who miss an appointment may reschedule, but after two missed appointments, the referring doctor's office must call to reschedule. Established patients who miss an appointment may reschedule, but missing three appointments in a 12 month period may result in dismissal from our practice. Likewise, not showing up for an endoscopy appointment may also result in being dismissed from our practice.



I have read the Atlanta South Gastroenterology, PC Financial Policy in full, and I understand and agree to this policy. I acknowledge full financial responsibility for services rendered by Drs. Martin and Lyons. I understand that I am responsible for prompt payment of any portion of the charges not covered by insurance, including deductibles and co-payments. I understand that payment of co-payments is expected at the time of service, as well as any prior balance that I owe. I understand the policy regarding missed appointments. I also consent that the payment of authorized Medicare insurance benefits be made on my behalf directly to Atlanta South Gastroenterology, PC for any medical or endoscopic services furnished.

Printed Name

Signature of Patient

Date Signed