



855 King Avenue
Athens, Georgia 30606
 (706) 425-2400 Phone
 (706) 425-2410 Fax

Financial Policy

Thank you for choosing us as your health care provider. The following is a statement of our Financial Policy which we ask that you read and sign prior to treatment.

REGARDING INSURANCE

Athens Spine Center physician is a participant of Medicare, Medicaid, Blue Cross/Blue Shield of Georgia and the State Health Plan. In addition, we participate with many other PPO and HMO managed care plans. Because of the rapidly changing market, please check with our front desk for current participation. These are also posted in our office and on our web site (www.athensspine.com). We accept the allowable (UCR) of these plans, however, you are still responsible for the coinsurance portion of your contract. It is your responsibility to present and maintain proof of your current insurance information each visit to our office. Confirm all mandatory referrals prior to your visit to avoid rescheduling non-emergent appointments.

ASSIGNMENT OF BENEFITS: By signing agreement to our financial policy you assign all insurance benefits for services rendered. You also authorize disclosure of health care information for the purpose of obtaining payment for services and determining insurance benefits payable for related services including authorization for any appeal process.

OFFICE VISITS: **Co-payments for office visits are required at the time of service. To avoid rescheduling non-emergent appointments please present co-pay at check-in. Office visits are filed for the insured of participating plans. FULL PAYMENT IS DUE AT THE TIME OF SERVICE FOR ALL OTHER OFFICE VISITS. We accept cash, checks, and major credit cards.** We will provide a receipt of payment for patients with non-participating plans and as a courtesy we file non-participating plans for reimbursement to you. If you are a member of a participating plan and have not met your deductible, you will be expected to pay at the time of your office visit and receipts of payment can be filed with your insurance company. Any balance after payment of your insurance plan is your responsibility.

PROCEDURES: All claims for participating and non-participating plans will be filed within three (3) days of your visit and/or procedure. Within three (3) days of receipt of your primary insurance payment, your secondary insurance will be filed. Your primary and secondary payments should be received within sixty (60) days. The balance is your responsibility whether the insurance pays or not. We cannot bill your insurance unless you provide all insurance information. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We allow ninety (90) days from the date of service for payment of your account. If your insurance company has not paid your account in full within sixty (60) days, the balance of your account is your responsibility and you have thirty (30) days for settlement of your account. Although we make every effort to seek pre-authorization of benefits, please be aware that some and perhaps all of the services provided may be "non-covered" services and not considered necessary under some medical insurance programs. Most insurance carriers require prior authorization of procedures. **To avoid rescheduling procedure appointments please notify our office prior to the appointment of ANY change in your insurance.**

UCR (USUAL AND CUSTOMARY RATES)

Athens Spine Center is committed to providing the best treatment possible for our patients and our charges are usual and customary for our area. UCR's may vary greatly from one insurance company to another. You are responsible for payment in full regardless of your insurance company's determination of usual and customary rates. (NOTE: As providers for Medicare, Medicaid, Blue Cross/Blue Shield, State Health Plan and other managed care plans we participate in network, we accept contractual allowables of their insurance benefits.)

MINOR PATIENTS

The adult accompanying a minor and the parent(s) or guardian(s) are responsible for full payment. For unaccompanied minors, non-emergency treatment is to be paid by cash, check or a major bankcard at the time of service.

EXTENDED PAYMENT PLANS

Certain circumstances may warrant an extension of time for payment of an account. Prior approval must be made with our financial manager.

If you do not have insurance, it is imperative that payment arrangements are made prior to any procedure performed or within five (5) days from the date of procedures and/or hospital visit by our physician.

APPOINTMENT CANCELLATION NOTICE

A 24-hour cancellation notice is required for all appointments. A \$25 fee will be charged for failure to provide a 24-hour notice for cancelled appointments. This fee must be paid prior to the next appointment. Failure to keep multiple appointments may result in discharge as a patient of our practice.

Thank you for your understanding of our Financial Policy. Please let us know if you have any questions or concerns.

I have read the Financial Policy. I understand and agree to this Financial Policy.

Date _____

Signature _____