

## Financial Policy

Thank you for choosing our practice! We are committed to the success of your medical treatment and care. As part of this commitment, we provide several services as a courtesy to you the patient as outlined below:

<b>If you have:</b>	<b>You are responsible for:</b>	<b>Our staff will, as a courtesy to you:</b>
An HMO with which we are contracted	1)Obtaining a referral from your primary care physician  2)Payment of Copays and Deductibles at the time of service	File an insurance claim on your behalf
An HMO with which we are not contracted	Payment in full at time of service	
Point of Service, PPO Plan, or Indemnity with which we are contracted	1)Obtaining a referral from your primary care physician (if applicable)  2)Payment of the patient responsibility at the time of service	File an insurance claim on your behalf
Commercial Plans or Plans with which we are not contracted	Payment of the patient responsibility at the time of service based on out of network benefits. Many insurance companies base their payment on “usual and customary charges.” The patient is responsible for any amount above “usual and customary.”	File an insurance claim on your behalf
Medicare without secondary	Payment of deductible and coinsurance at time of service	File an insurance claim on your behalf
Medicare, HMO, POS, PPO, and commercial insurance with secondary	Payment of deductible and coinsurance at time of service	File an insurance claim on your behalf, as well as any claims to your secondary  Will provide refund when payment from secondary is received from insurance company.

No Insurance	Payment in full at time of service	45% Discount for paying at time of service
Workers Compensation	Provide us with the accident date, claim number, attending physician, employer, and adjuster information.	File an insurance claim on your behalf
Accident Related (non Workers' Compensation)	Payment in full at time of service	Provide a receipt so you can file the claim

As a courtesy, we will also call your insurance company ahead of time to determine eligibility, deductibles, coinsurance, and obtain approval. This does not guarantee reimbursement. The patient remains fully responsible for the entire amount of the bill.

**Billing**

Due to insurance requirements, billing for the physician and the facility is separate. The bill from the facility includes the costs of the procedure room, medical supplies, and medications. The physician bills separately for his or her services. You will continue to receive statements as long as there is a balance on your account. You remain fully responsible for the entire amount of the bill.

We file insurance as a courtesy, this does not release the patient from financial obligation. If your account is not paid in full in 210 days, your account will be sent to a collection agency. I have read, understand, and agree to the above Financial Policy.

I understand that charges not covered by my insurance company, as I as applicable co-payments and deductibles, are my responsibility. I understand that failure to pay my account may result in my account being forwarded to a collection agency as well as restrictions to scheduling appointments.

I authorize my insurance benefits be paid directly to The Physicians' Pain and Rehabilitation Specialists of Georgia.

I authorize The Physicians' Pain and Rehabilitation Specialists of Georgia to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_