Atlanta Clinical Care, P.C.

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FINANCIAL AND BILLING POLICIES

Dear Patient:

As a courtesy to our patients we will file primary insurance claims free of charge for plans in which we participate. We need proof of current insurance at each visit, a valid driver's license, and notification of any changes in your insurance coverage, address, telephone numbers or employment.

You are responsible to pay deductibles, co-payments, percentages, non-covered services and outstanding balances in full at the time of your visit. We accept cash, checks and major credit cards. If you wish to file your own insurance, you are required to pay in full at the time of service. We will then provide you with an itemized statement to file with your insurance company.

Please remember that health insurance is a contract between you and your insurance company. Your insurance may not pay for all services provided to you. You are responsible for any unpaid balance remaining. You are responsible for obtaining referrals from your primary care physician, if required, and for notifying us if your insurance company requires that you use a particular laboratory.

Any outstanding insurance balance becomes the responsibility of the patient for immediate payment after 45 days. Any unpaid account balance may be forwarded to an attorney for collection. The collection balance will include a charge of up to 50% of the outstanding balance for collection/attorney fees.

We will work with you to obtain optimum insurance reimbursement. We understand that certain medical treatments may become lengthy and costly. If necessary, we are happy to work with you to set up a payment plan for your patient balance. Please do not hesitate to contact us if you have any questions regarding financial and billing policies or anticipate difficulties with payment. We are here to assist you in any way possible.

I have read the above statement and agree to pay all deductibles, co-payments, percentages and outstanding balances. I agree to pay for any and all uncovered and/or denied services. In the event I default on my patient balance, I authorize my billing and diagnostic information to be turned over to a collection attorney of the physicians' choice.

CANCELLATION MUST BE MADE 24 HOURS PRIOR TO APPOINTMENT TO AVOID A CHARGE OF $50.00.

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Signature of Patient or Responsible Party Date