

## Financial Policy

Thank you for choosing Georgia Renal Associates for your Renal care. We have written this Policy to make sure you understand our payment procedures.

*\*\*\* Please make sure we have complete, correct insurance and address information when you check-in for each visit. It is your responsibility to make sure we have the information to file your claims correctly the first time \*\*\**

Co-pays: If your insurance *plan* has a co-pay, we expect the payment on the day of your visit.

At the time of Check In: The receptionist will ask you to pay co-pays and any outstanding balance on your account. The receptionist may not always know the amount to charge for the day's visit.

Methods of Payment: We accept cash, checks, money orders, Visa and MasterCard. We do not accept two party checks. All *post*-dated checks must be approved by the office manager.

Insurance: We participate with Medicare, Medicaid, Aetna, Blue Shield, Cigna, United Healthcare and many other managed care plans. We ask that you call and verify your benefits provider and whether or not we participate in your particular insurance plan.

Referrals: Your insurance may require a referral for your visit. It is your responsibility to make sure a referral is obtained from the Primary Care Physician if one *is* required. If referrals are not obtained your insurance may not compensate for the visit.

Disability Forms: We charge for filling disability forms. The first form is \$15.00. Each form thereafter will be charged at \$10.00. You can either pay when you leave your forms or when you pick them up. If you choose to pay in advance, we will forward them for you if your part is complete.

Medical records: We provide a copy of your medical record for the current or most recent visit free of charge as courtesy. Should you need a copy of multiple visits or entire visit there is a reproduction charge of \$0.25/page. We require a minimum amount of twenty-four-hour notice for reproducing medical records. We can also provide an electronic copy of your entire medical record on a thumb drive for a flat fee of \$15.00.

Billing: We bill your insurance company first. Any remaining balance will be billed to you. If you receive a bill from us, it is because we believe the bill is your responsibility. However, if you think you have received a bill in error please contact our billing department. We expect all outstanding balances to be paid within 30 days upon receipt of your statement. If you have any questions about your bill, please call our billing department immediately. If you cannot pay your entire bill, please call to make payment arrangements.

Returned Checks: If your check *is* returned by the bank for any reason, a \$25.00 charge is assessed. The bank will automatically re-deposit your check one time.

Collections: Accounts that are not paid within 30 days begin our in house collection process. If your balance becomes 65 days old, your doctor will be notified and you may be in danger of dismissal from the practice. We may refer overdue accounts to collection agencies which can affect your credit.

Dismissal: We cannot continue to care for patients who choose not to pay their bills. Being dismissed means you can never schedule appointments with this practice. Please do not let this happen. Please contact our billing office before your account becomes a problem.

Billing office contact: 1-478-953-0712 Medical Management LLC

Please sign below acknowledging that you have read and understood our Financial Policy

Print Name: \_\_\_\_\_

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

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