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Patient Financial Responsibility Agreement

We are pleased you have chosen Atlanta Digestive Center as your healthcare provider. To avoid any misunderstanding and ensure timely payment for services, it is important that you understand your financial responsibility with respect to your healthcare at Atlanta Digestive Center.

INSURANCE. A copy of your most recent insurance card or other proof of insurance AND photo ID should be presented at the time of EACH service, including outpatient/hospital-based services.  As a courtesy to you we will file insurance claims for services rendered provided you have given us all pertinent billing information. Payment, deductibles and/or copayments are expected at the time of services are rendered unless satisfactory arrangements have been made with our billing department and collected as an ESTIMATE of services rendered. We do not bill patients for services. Please keep in mind that our fees are for physician services only; if the event you are scheduled for a procedure, radiology, laboratory, pathology, or other diagnostic studies then you could possibly receive a bill related to those providers.

OUTSTANDING BALANCE. We will send you a statement for any outstanding balances. We send out statements when balance becomes the patient’s responsibility. All balances are due upon receipt. If you come for another visit and have an outstanding balance, we will request payment for both the new visit and your outstanding balance. Your outstanding balance can be paid via our patient portal. If you have an outstanding balance for more than ninety days (90) days, you may be referred to an outside collection agency and charged a collection fee of 30% of the balance owed.

CARD ON FILE PROCESS. You will be requested to provide a credit card when you schedule your procedure with Atlanta Digestive Center or set up any payment arrangements. This information will be held securely for one (1) year from the date stored. The estimate provided for any procedures when scheduled will be processed 72 hours before your appointment from card. If a card is on file and there is an outstanding balance for thirty (30) days the system will automatically charge the card up to a maximum amount of $400.00.

NO SHOWS. If you cancel a procedure within 7 business days of your appointment a $150.00. fee will be charged to your card on file at the time of cancellation. If the fee cannot be processed it must be paid before you can reschedule another appointment. This fee cannot be billed to your insurance.

We are pleased to assist in any insurance, billing, or payment matter, but please remember, the final financial responsibility lies with you. Failure to meet your financial responsibilities may result in discharge from Atlanta Digestive Center or full payment may be required before continued treatment. Please call the billing department at 404-299-8320 with any questions or concerns.