

G & K Medical Associates, P.C. Financial Policy

Thank you for choosing G & K Medical Associates as your health care provider. We are committed to building a successful physician-patient relationship with you. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc).

Co-pays

The patient is expected to present an insurance card at each visit. All co-payments and past due balances are due at time of check-in unless previous arrangements have been made with a billing coordinator. We accept cash, check or credit cards. Absolutely no post-dated checks will be accepted.

Insurance Claims

We will bill your primary insurance company as a courtesy to you. In order to properly bill your insurance company we require that you disclose all insurance information including primary and secondary insurance, as well as, any change of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance. If we are out of network for your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately.

Referrals

If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower or no payment from the insurance company, and the balance will be your responsibility.

Missed Appointments

G & K Medical Associates requires 24-hour notice of appointment cancellation. Appointments missed and not previously canceled may be charged a fee of \$25.00.

Returned Checks

The charge for a returned check is \$30 payable by cash, money order or credit card. This will be applied to your account in addition to the insufficient funds amount. You will be placed on a cash only basis following any returned check.

Medical Record Copies

Patients requesting copies of medical records will be charged \$25-\$50.

Outstanding Balance Policy

It is our office policy that all past due accounts be sent three statements. If payment is not made on this account, a single phone call will be made to try to make payment arrangements. If no resolution can be made, the account will be sent to the collection agency. In the event an account is turned over for collections, the person financially responsible for the account will be responsible for all collections costs including an additional 35% fee.

I have read and understand the above Financial Policy and I agree to abide by its terms.

PATIENT NAME

DATE

SIGNATURE

WITNESS