



## Financial Policy & Authorization form

**Thank you for choosing Georgia Breast Care, PC! We are committed to meeting your healthcare needs. Georgia Breast Care accepts most insurance plans; however, it is the patient's responsibility to confirm with our office or the insurance carrier. We ask that you adhere to the financial policy of Georgia Breast Care, PC.**

**INSURANCE PAYMENTS:** Insurance is a contract between you and your insurance company. You are ultimately responsible for payment of the charges for services received from Georgia Breast Care, PC, including those covered by your insurance. As a convenience, Georgia Breast Care, PC will submit claims for reimbursement with your insurance provider. It is your responsibility to provide the most current insurance information available as well as any changes in your address, name, telephone information, or email address at each visit. In the event that Georgia Breast Care is provided with incorrect insurance information, you will be responsible for the remaining balance. Your insurance carrier makes the final determination of your eligibility and benefits. In order to satisfy your financial obligation, you agree to provide Georgia Breast Care, PC and/or its designated payment agent with your debit/credit card, ACH information, cash, check, or money order. We accept VISA, MasterCard, American Express, and Discover.

**MEDICARE:** We accept Medicare assignment. If you have a supplemental insurance, we will bill it directly. If you have a Medicare Advantage plan, you are required to pay your co-pay at the time of service. Medicare patients are responsible for their annual deductible, co-insurance, and any non-covered expenses.

**MEDICAID:** Medicaid or any Medicaid products **are not** accepted.

**PATIENTS WITH A HMO:** It is your responsibility to know and understand your HMO medical plan. If your HMO requires a **referral** for a consultation, you are responsible for obtaining it and submitting it to us **prior** to your visit. You are responsible for your co-pay, deductible, and your co-insurance. Also, it is your responsibility to confirm with your insurance company that we are in network with your plan. If you do not have a referral for today's visit, it is recommended you reschedule your appointment.

**PATIENTS WITH A PPO:** You are responsible for your co-pay, deductible, and your co-insurance. Co-payments are due at the time of your visit. It is your responsibility to verify with your insurance carrier that we are contracted with your plan.

**SELF-PAY:** Payment of the self-pay charge will be required at the time of your visit.

**PAYMENT POLICY:** Payment is expected in full within 30 days of receipt of your patient statement. You may generally expect this billing statement within 20 days after your insurance company has responded to a submitted claim. If payment is not received within 60 days, your account is considered past due. The policy of this office is to only send 2 statements. The statements are sent at approximately 30-day intervals. If no payment is received on your account during the 60-day grace period, your account will be turned over to collections without additional notice.

**PAYMENT PLANS:** Georgia Breast Care, PC is willing to work with you to assist you in paying your outstanding balance. We do have an established payment plan program for an outstanding account balance. Balances may be divided into no more than 4 monthly payments. A valid credit/debit card must be presented at the time the plan is established. Your signature on our payment plan form is required. Your signature acts as your authorization for us to charge your card on a monthly basis. This authorization remains in effect until the outstanding balance is zero.

**SURGERY CHARGES:** Prior to surgery, Georgia Breast Care will contact your insurer to obtain pre-certification and verify benefits. This process does **not** guarantee payment by your insurance carrier. You agree to facilitate payment of claims by contacting your insurance carrier when necessary.

Patient Signature \_\_\_\_\_

