

# ATLANTA RHEUMATOLOGY CONSULTANTS FINANCIAL POLICY

Thank you for choosing Atlanta Rheumatology Consultants as your healthcare provider. We are committed to providing the best medical care possible. Please understand that payment of your bill is considered a part of your treatment. The following statement explains our Financial Policy which we ask you to read, sign and return to us prior to your treatment.

- All patients should provide accurate and complete personal and insurance information prior to being seen.
- **All applicable co-pays, personal balances, both current and prior, are due at the time of service.**
- **Preferred method of payment is cash; however we will accept personal checks, debit cards and all major credit cards.**
- **Returned Checks** - For checks returned to us for non-sufficient funds by your bank, **we will charge a \$35.00 fee.** In addition, check privileges will be denied after the first returned check.

## **Regarding Insurance**

Read and understand your insurance policy. Your policy is a contract between you and the insurance carrier. **Read It, Understand It and Ask Questions.** DO NOT ASSUME YOUR POLICY AUTOMATICALLY COVERS EVERYTHING. Even different policies from the same insurance company can have different requirements. It is YOUR responsibility to know what your policy covers and what it does not. Always carry your insurance card with you. You will need it for all office visits and may need it in case of an emergency. Without this information, we may have to reschedule your appointment or you may have to pay at the time of service. Some carriers require a referral or prior authorization from your primary care provider. It is YOUR responsibility to obtain this referral. **IF YOU DO NOT HAVE A REFERRAL OR PRIOR AUTHORIZATION, YOU WILL BE RESPONSIBLE FOR PAYMENT OR WE WILL RESCHEDULE YOUR APPOINTMENT.**

**Atlanta Rheumatology Consultants accepts most insurance plans.**

## **Usual and Customary Rates**

We are committed to providing the best treatment for our patients and we charge what we believe to be reasonable and customary fees for our region and specialty. If your insurance company uses a different fee schedule, you will be responsible for any balance remaining.

## **Past Due Accounts**

Overdue accounts will be referred to a collection agency. Legal fees that we to secure past due balance will be added to your account.

## **Insurance Denials**

In the event that any date of service is denied by the insurance carrier, the remaining balance will be turned over to patient responsibility.

## **Insurance Non-Payment**

If a claim is forty-five (45) days old and there has been no response from the insurance carrier, the balance due will be turned over to patient responsibility for payment.

## **Attorney Liens**

Atlanta Rheumatology Consultants accepts attorney liens; however, any balance will become patient responsibility if you dismiss your attorney without your case being settled. Liens must be signed by both you and your attorney, along with a third party information sheet completed in full prior to your being seen. It is also your responsibility to notify our office if you change your attorney at any time.

**Please contact our Billing Department if you have any questions or concerns at 404.603.9090.**

**I have read the Financial Policy. I understand and agree to the Financial Policy.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date