

BARBER & RICHARDSON, PC.

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OUR FINANCIAL POLICY

Our doctors and staff are very concerned about the cost of your healthcare and want to address some current issues related to the cost of medical services in this office. Considerable care has been taken in setting our fees. We want to assure you that our charges accurately reflect the complexity of the care rendered and the skill and expertise required for your care. Our fees are comparable with fees of other surgeons in the metro area.

PAYMENT POLICY

We take Medicare assignment. We will submit claims for up to 2 policies on your behalf.

If you are a member of an HMO or PPO in which we participate, your deductible, coinsurance and/or co-payment is required at the time of service. You are responsible to see that we have a current referral on file, if your insurance company requires one. If there is no current referral on file with our office you have the following options: **#1** You may return to your Primary Care Physician to obtain a referral prior to being treated or **#2** You may choose to pay in full for the services and waive your right to an insurance claim for said services. Our agreement is with you and not your insurance company. While we have participation agreements with most carriers, you have chosen your insurance coverage, and you are responsible to know its limitations and reimbursement levels. The patient will be billed for any service provided in the office that is not a covered benefit of their insurance plan.

Again, it is the patient's responsibility to provide the proper referral at the time of service and the most current insurance information available. In the event that we are provided with incorrect insurance information, the patient will be responsible for the balance. If we do NOT contract or participate with your insurance carrier we require payment at the time of service for office visits and procedures. To assist you in filing your own insurance claim, we will provide you with an itemized statement.

Fees for non-physician services:

Returned check fees are \$25.00. A billing fee of \$2.50 will be added to all account balances carried from one month to the next. The fee for completion of forms including disability forms, cancer policy claim forms, letters for cancellations of airline reservations, excuses from services such as jury duty, etc. is \$25.00. Additional form completions are \$15.00. We follow the State of Georgia's fee schedule for copies of medical records. A copy of those fees is available on request.

If you have any questions about our financial policy or your insurance reimbursement, please feel free to discuss them with our business office staff. I have read and understand my financial responsibilities under this policy.

Patient signature _____ Date _____