

Georgia Colon & Rectal Surgical Associates

Financial and Insurance Policy

Every individual's insurance policy is different, so please take the time to become familiar with your insurance plan. Your insurance company may or may not cover certain procedures. To help avoid uncovered services, it is important that you understand your plan's coverage by referring to your insurance handbook or contacting your insurance provider prior to your appointment.

Here are a few questions you may want to ask your insurance provider:

- 1) *Is a referral needed from my Primary Care Physician (PCP) in order to see a specialist?*
- 2) *Does my policy require an office appointment co-payment? (co-payment is the dollar amount required to be paid by the patient at the time of service).*

Policy:

- If your health care plan requires a referral from your primary care physician (PCP) and one is not provided to GCRSA prior to your visit, fees for your office visit will be your responsibility and paid at the time of service. *Obtaining a referral is the patient's responsibility.*
- Payment is due for any open balance within 30 days from receipt of your billing statement.
- Past due balances must be paid in full prior to any additional visits unless advanced arrangements have been made with our Business Office.
- Patients without insurance will be considered as "self pay" and required to pay all office visit fees at the time of service, and a 50% deposit of our allowable charge will be required before a surgical procedure will be scheduled, with the balance due paid within 30 days.
- We appreciate your kind consideration by providing us with 24 hour notice when canceling or rescheduling your office visit.
- Due to the increased administrative costs for reserving a hospital operating room, and coordinating our surgeon's schedule, we will reserve the right to access up to a \$200 fee for canceling or rescheduling your surgery or colonoscopy without providing 3 business days notice.
- GCRSA requires a 10 business day return window for administrative services. Administrative services and fees includes, but is not limited to: *filling out forms for FMLA, short / long term disability (\$30) and making copies of medical records (\$25).* **Payment is required prior to being picked up, faxed or mailed.**

I have read and agree to the terms of Georgia Colon & Rectal Surgical Associates Financial and Insurance Policy.

Patient / Guardian responsible for payment signature: _____

Date: _____