

**GWINNETT CLINIC**

**OFFICE POLICY ON MANAGED CARE INSURERS**

1. IN ORDER TO ACCOMMODATE THE NEEDS OF OUR PATIENTS, WE HAVE ENROLLED IN NUMEROUS MANAGED CARE INSURANCE PROGRAMS.

WHILE WE ARE PLEASED TO BE ABLE TO PROVIDE THIS SERVICE TO YOU, IT IS EXTREMELY DIFFICULT FOR US TO KEEP TRACK OF ALL THE INDIVIDUAL REQUIREMENTS OF THE PLANS. EACH ONE HAS DIFFERENT STIPULATIONS REGARDING WHICH SERVICES ARE COVERED AND WHERE THOSE SERVICES MAY BE PERFORMED.

EVEN WITH THE SAME INSURANCE COMPANY, THE PLANS DIFFER DEPENDING UPON WHAT TYPE OF CONTRACT YOUR EMPLOYER NEGOTIATED.

**PROVIDING QUALITY MEDICAL CARE FOR OUR PATIENTS IS OUR PRIMARY CONCERN. WE CAN ONLY PROVIDE QUALITY CARE IF YOU LET US KNOW EACH TIME YOU COME IN FOR SERVICE WHAT YOUR PARTICULAR INSURANCE PLAN'S GUIDELINES ARE**

**UNFORTUNATELY, IF YOU DO NOT INFORM US OF ANY SPECIAL REQUIREMENTS, SUCH AS LAB WORK FACILITIES YOUR PLAN HONORS, HOSPITALIZATIONS OR SPECIAL TESTS THAT ARE NOT COVERED, YOU MAY INCUR CHARGES THAT WILL NOT BE COVERED BY YOUR INSURANCE.**

**WITH YOUR COOPERATION, WE WILL BE ABLE TO CONCENTRATE ON CARING FOR YOUR MEDICAL NEEDS.**

2. IN ADDITION, MOST INSURANCE COMPANIES SHOULD PAY CHARGES SUBMITTED WITHIN 30 DAYS. IN THE EVENT OUR CHARGES ARE NOT PAID WITHIN 90 DAYS, WE WILL BILL YOU DIRECTLY FOR THOSE CHARGES AND ALLOW YOU TO WORK WITH YOUR INSURANCE COMPANY TO GET THE REIMBURSEMENT YOU NEED.

**IN THE EVENT EITHER OF THE TWO ABOVE SITUATIONS OCCUR, CHARGES WILL BECOME YOUR RESPONSIBILITY.**

**I HAVE READ AND UNDERSTAND THE OFFICE POLICY STATED ABOVE AND AGREE TO ACCEPT RESPONSIBILITY AS DESCRIBED.**

\_\_\_\_\_  
**PATIENT/AND/OR INSURED**

\_\_\_\_\_  
**DATE**