



**GWINNETT CLINIC
FINANCIAL POLICY**

We hope to make your visit in our office as thorough and pleasant as possible. We also want you to have a full understanding of your insurance plan as well as our financial policies and expectations for payment. **PLEASE READ THIS DOCUMENT CLOSELY.**

INSURED PATIENTS

Payment is due at the time services are rendered. This includes outstanding balances, deductibles, co-payments, co-insurances other fees for services not covered by your insurance company, and expected charges for services rendered during your visit.

- Your payment at check-in is a deposit for the visit. Charges may also be collected at check-out for services rendered. This applies to all insurance plan types. You will subsequently receive an explanation of benefits from your insurance company, and, if needed, statements from your insurance company and Gwinnett Clinic to collect any outstanding balance.
- **If you are not sure what your insurance covers, PLEASE CALL YOUR INSURANCE COMPANY DIRECTLY!** As the insured member, you are in the best position to get accurate information. As there are hundreds of insurance plans, we are only to provide general cost estimates. In addition, the information given to us comes with a disclaimer that it may be inaccurate.
- As a courtesy, we assist with filing insurance claims, completing insurance forms, and requesting insurance pre-certifications.
- In short, the **ULTIMATE RESPONSIBILITY** for filing, processing, and paying claims remains with you. If your insurance has not paid their portion within ninety (90) days of being billed, we encourage you to continue contacting them. (Please note that insurance carriers may provide false or inaccurate information at time of initial benefits verification.)
- You will receive regular statements requesting payment of any unpaid balance. After two (2) statements, your balance will be forwarded to a third-party collection agency.

PRIVATE PAY (NO INSURANCE)

Gwinnett Clinic will collect full payment at the time of your visit for services rendered during the visit.

- Prior to your visit (at check-in), an office visit fee – along with payment for all previously unpaid balances – is collected.
- After seeing the physician / nurse practitioner (at check-out), there may be additional charges depending on the level of service that was provided by the physician or nurse practitioner *and* the additional services (labs, imaging, etc.) that may have been ordered / rendered during the visit.
- If additional tests are ordered that need to be completed after the visit, and you anticipate a problem paying for these – please let your health care team know before leaving the office.

ALL PATIENTS

- ***NO-SHOWS:** \$25 (office visits not cancelled within 24 hours prior to appointment may result in a \$25 charge; there may be significantly higher charges for missing scheduled tests, including stress tests and sleep studies)
- **BOUNCED CHECKS:** \$35.00 (any checks returned by the bank)
- **FORM FEES:** \$15 - \$150 (applicable to each form completed your physician / NP beyond standard medical documentation)

*No show fees may be adjusted or waived at the discretion of the Medical Director.

Adoption Forms <i>(minimum \$150, must be completed by physician only)</i>	Handicap Parking Forms / Parking Permits <i>(minimum \$15)</i>	School Admission Forms <i>(minimum \$15)</i>
Employment Screening Forms <i>(minimum \$15)</i>	Health Screening / Biometric Exam / Proof of Wellness Visit Forms <i>(no charge if 1 page only, otherwise minimum \$15)</i>	Sports Physical <i>(minimum \$20)</i>
FMLA Forms <i>(minimum \$50)</i>	Immunization Forms <i>(minimum \$15)</i>	Short Term Disability Forms <i>(case by case basis, minimum \$20)</i>

I have read in full and understand the above policies. I know that I will be charged a minimum of \$15 for any form beyond standard clinical documentation. I understand that I may receive a copy of this form upon request.

Name of Patient

Signature of Patient or Legal Representative

Date

Printed Name of Patient's Legal Representative

Relationship to the Patient