

Office Policy

Welcome and thank you for choosing our practice for your medical care. We are committed to providing you with the highest quality medical care possible in a cost effective manner. Our professional fees have been determined through careful consideration in addition to being reasonable and customary within our geographical area. We are pleased to discuss with you any questions you may have concerning a bill. In order to achieve our goal of providing you with the best care possible, we need your assistance and your understanding of our financial policy.

Our Office Hours are:

Monday through Friday 8:30am to 5:00 pm

Things to bring with you EACH appointment:

- Health Insurance Card
- Drivers License
- Method of Payment

Appointments:

- Please arrive for your appointment 15 minutes early.
- If you are more than 10 minutes late for your appointment, you will be marked as a NO SHOW and will need to reschedule your appointment at another time.
- It is your responsibility to verify that the physician is currently under contract with your insurance plan and that you have obtained all necessary referrals BEFORE your scheduled appointment. (Failure to confirm this will result in your responsibility for any and all charges.)
- Please inform the receptionist of any demographic changes (phone number, address, Insurance information, etc.) Failure to notify us immediately of changes in demographic information, financial status and/or insurance coverage will result in you being responsible for any service not covered by your insurance carrier.
- If you have insurance coverage under a plan with which we do not have contract, you will be treated as a "self pay" patient and will be provided documentation to assist you in filling your own claim.

Additional Paperwork:

- Any paperwork needed to be filled out by the physician will result in a \$25 charge.
- Payment will be expected before patient can receive his/her paperwork.
- 72 hour minimum required time for all paperwork to be completed by your physician.
- Our Office will send appropriate workers compensation claim form for services rendered on your behalf as a courtesy to you. If and when a claim is denied, we will expect full payment from you within 30 days of receipt of our bill (a good faith deposit 25% is required for a longer term of repayment.)

Please mail all payments to our office at:

21 Pointe North Drive
Cartersville, GA 30120

Or over the phone at:

678-721-0705