West Atlanta
Primary care

FINANCIAL AGREEMENT AND RESPONSIBILITIES

Thank you for choosing our practice for your healthcare needs. We are committed to the success of your medical treatment and care. Please understand that payment of your bill is considered part of your treatment. The following explains our Financial Policy, which we ask you to read, sign, and return to us prior to your treatment.

- Please provide accurate and complete personal and insurance information prior to being seen by the provider, and it is the patient's responsibility to inform us if changes in insurance, home address, contact information and any other pertinent information necessary for billing.
- All applicable co-pays, co-insurance, balances due, both current and prior, are due at the time of service.
- We accept cash, personal checks, and most major credit/debit cards.
- If we are unable to verify your insurance at the time of service you will be asked to pay for visit amount due.

INSURANCE PAYMENTS

If you have health insurance, it should be understood that this is an agreement between you and your insurance company. As a courtesy to you, we will bill your insurance company for all covered services. You will be responsible for any bills that are not paid within 30 days of our claim submission. You are responsible for payment of your bills regardless of the status of your insurance claim.

Contracted Insurance: If you are a member of an insurance plan which our office has contracted with, you will be asked to pay all co-pays, deductibles, and any non-covered services at the time of service. Please verify with your insurance carrier if we are a participating provider with your insurance plan. It is the patient's responsibility to check their own insurance coverage, network providers, and benefits.

Non-Contracted Insurance and Non-Covered Services: If your health care plan is a nonparticipating plan, payment is due at the time of service and you will be given a receipt to file with your insurer. Services we provide to you may or may not be covered by your insurance due to routine, non covered, or your insurance company deems not medically necessary. In the event that your insurance company does not cover your services, you will be responsible. In some cases a pre-certification may be requested from the insurance carrier, but this does not guarantee payment.

Medicare: We accept assignment from Medicare. Therefore, Medicare payments will be made directly to the provider. We are required by Federal Law to collect 20% of the allowed amount either out of pocket or by your supplemental insurer. You are responsible for the annual Medicare deductible.

SELF PAY

If you are uninsured and do not have any insurance, you will be asked asked to make the payment during your office visit. The charges for additional ancillary services performed, such as labs, x-rays, procedures etc will be different and not included in your office visit charges.

WORKER'S COMP VISITS
Authorization and billing information is required prior to your treatment. If your claim is denied by the carrier, you will be responsible for the total charges.

LABORATORY SERVICES
It is the responsibility of the patient to notify WAPC if insurance requires the use of a specific reference lab for specimen processing. As the patient, you will be fully responsible for any non-covered services.

CANCELLATION POLICY
WAPC requires 24 hour notice for all cancellations or rescheduling of appointments. Missed appointments, also known as "No Show", are subjected to a $25.00 missed appointment fee. The fees are not paid by your insurance carrier and are considered the patient's responsibility. The fees must be paid before any future appointments.

PRESCRIPTION REFILL POLICY
All Prescription refills will be transferred to our voicemail and will be checked during our office hours, any prescription refill will be allowed 24hours before being called into the pharmacy. Any new prescription refills will be avoided over the phone and will be prescribed only after an office visit.

PAST DUE ACCOUNTS
We do not finance health care and make no arrangements for long term payments on patient balances. Unpaid and uncleared accounts will be referred to our collection agency if an agreement to pay is not reached within 30 days of initial statement date.

RETURNED CHECKS
There will be a $30 charge added to your account for any check returned for non-payment from your bank.

REFUNDS
They can take 60 days to process from the time the patient requests the refund and claim is fully processed and we have received a response from your insurance. Please contact our office if you have any questions or concerns at (678-401-4597).

The patient confirms that he/she has read and understood and accepted the terms of this document.

PATIENT NAME	PATIENT SIGNATURE	DATE	TIME