

Financial Policy

To avoid any misunderstanding concerning fees, you will receive an estimate of the proposed services prior to treatment. The actual treatment may vary from the proposed plan due to unforeseen circumstances. **FULL PAYMENT IS EXPECTED AT THE TIME OF SERVICE.** We are sensitive to the fact that some patients may not be able to pay cash for their treatment; therefore, we do offer several alternative payment options for your convenience:

1. Personal Check.
2. MasterCard, VISA, Discover, American Express, Check Card, and Care Credit.
3. If you have insurance, we will be glad to call and check benefits for you:
 - a. **THE PERCENT NOT COVERED BY YOUR INSURANCE AND ANY DEDUCTIBLE THAT HAS NOT BEEN MET WILL BE DUE THE DAY OF SERVICE.**
 - b. For many reasons, your insurance company may not cover the entire fee. **AFTER INSURANCE PAYMENT IS RECEIVED, THE BALANCE IS YOUR RESPONSIBILITY TO PAY WITHIN 60 DAYS OF TREATMENT DATE.**
 - c. We will be happy to bill your insurance company and accept assignment of benefits. We will file the claim one time for your insurance. **IT IS THE PATIENT'S RESPONSIBILITY TO FOLLOW UP WITH THE INSURANCE COMPANY TO ENSURE THAT THE CLAIM IS PAID.**
4. A service charge of 1.5% per month will be added to any remaining balance if the claim was not paid or balance reduced within 60 days.
5. After 90 days of no payment activity, your account will be turned over to our collection agency and a 35% collection fee will be added to any outstanding balance.

In order for us to bill your insurance company, **it is the patient's responsibility to provide all the information needed to file the claim. YOUR INSURANCE POLICY IS BETWEEN YOU AND YOUR INSURANCE COMPANY.** Although we are not a party to that contract, we will try to assist you whenever possible in claim submission and reconciliation.

If you do not provide us the required information within 30 days of the date of service, your balance is then considered due in full from you. Georgia state law requires that insurance companies address all submitted claims within 30 days and keep the contract holder informed of the status of the claim. You should follow up with your carrier on any outstanding balance after 30 days.

Our practice is committed to providing the highest quality of care to our patients at a reasonable cost. The amount of benefits paid by insurance carriers varies considerably. Their level of reimbursement may be less than the actual charges. You will be responsible for all non-covered charges as well as any "patient responsible" portion as defined by your insurance company. Verification of benefits does not guarantee payment or coverage. We are required by law to collect all co-payments and deductibles.

I authorize Dr. Fred H. Simonton II to furnish any and all information concerning my patient's treatment to insurance carriers for claims submitted, and/or other medical facilities/providers as necessary for patient's treatment, and to verify the employment or insurance coverage of myself and/or my spouse.

I understand the financial policy explained above and acknowledge that the fees for all services rendered are my responsibility.

Patient, Parent, or Guardian

Date