

Augusta Primary Care

We are committed to providing you with the best possible care. If you have medical insurance, we strive to help you receive the maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policies.

PAYMENT FOR SERVICES IS DUE AT THE TIME SERVICES ARE PROVIDED

We accept cash, checks and Visa/MasterCard. We will be happy to process claims for those PPO's and HMO's with which we participate, but you will be expected to pay any copy or percentages of deductibles at the time of service. We participate with most major carriers and therefore will file the claim on your behalf. For other insurance companies, you are responsible for all fees at the time services are provided. We will provide you with information so you may file with your insurance company.

We must emphasize that as medical providers, our relationship is with you and not your insurance company. All charges are your responsibility from the date the services are rendered. If someone else is presumed liable for a bill, such as a divorced spouse or parent, we will look to the patient or if a minor, the guardian for payment of services. We gladly provide you with a receipt for payment. We realize that temporary financial problems may effect timely payment of your account. If such problems do arise, we encourage you to contact us promptly, and prior to your office visit, for assistance in the management of your account.

Returned checks and balances older than thirty days may be subject to additional collection fees. We will gladly discuss your charges prior to your visit, as well as any relating to your insurance. You must realize however, that:

1. Your insurance is a contract between you, your employer, and your insurance company.
2. Not all services are a covered benefit in all contracts. You may wish to contact your insurance carrier for information regarding coverage. For example: Many insurance companies do not cover routine exams or supplies such as crutches.

Please help us by updating your registration sheet with the receptionist when changes occur such as new employer, insurance, or new home address. If you have any question about our office, please do not hesitate to ask. We are here to help you.

Initials: _____

_____ agree that I am fully responsible for my bill if at any time my insurance denies payment. I am responsible for making sure my insurance is currently active and participating with the provider that I am seeing. If I am seeking urgent care treatment, I agree that I will pay the urgent care copy that has been established by my insurance company. I also agree that if I have a balance after my insurance has paid, that I will be responsible for the remaining balance due.

Patient Signature

Date

How did you hear about our office?

HCA Physician Referral _____
Emergency room _____
Mailbox Flyer _____

Insurance Assignment _____
Personal Reference _____
Signs _____