



FINANCIAL POLICY

Internal Medicine Specialists of Atlanta physicians are committed to meeting your health care needs. We are pleased that you have chosen us as your provider. Listed below are our financial policies. If you have any questions, please discuss them with our financial representative.

PATIENT RESPONSIBILITY

1. All co-payments are due at the time of visit. Post-dated checks are not acceptable.
2. Co-insurance and unmet deductibles are your responsibility.
3. You are ultimately responsible for payment of charges for services you receive from our office.
4. In accordance with your insurance member handbook, it is your responsibility to provide accurate insurance information and to present your insurance ID card at the time of your visit. If we cannot verify insurance, you will be responsible for payment at the time of service. We will provide you with a copy of our billing form so that you can obtain reimbursement from your insurance company.
5. It is your responsibility to ensure that our physicians are in your insurance network.
6. If your plan requires a referral, it is your responsibility to obtain this prior to being seen by our provider.
7. Cancellations for appointments must be received at least 24 hours prior to the scheduled appointment. Cancellations for scheduled physicals must be received at least 3 business days prior to the scheduled time.
8. Payment is due for rendered services 15 days from receipt of your billing statement. Unpaid previous balances must be paid in full prior to any additional visits unless arrangements have been made with our financial counselor.

FEES

1. The returned check fee is \$30.00
2. Patients who fail to keep and fail to cancel a scheduled appointment may be charged a \$50.00 No Show Fee. There is a \$150.00 cancellation fee for scheduled physicals that are cancelled less than 3 business days from the date and time of the appointment unless cancellation is due to insurance denial or medical necessity.
3. All outstanding balances will be subject to a 12% APR finance charge.
4. Medical record request must be received in writing at least 72 hours prior to the date needed. Fees for medical records are set in accordance with allowable amounts as defined by the State of Georgia. Fees must be received prior to record delivery. No more than 5 pages may be faxed. We strongly discourage faxing medical records unless the recipient has a dedicated and personal fax for delivery.

MEDICAID

1. Our physicians are not participating with Medicaid. Patients with Medicaid as their primary or secondary insurance carrier are responsible for all incurred charges.

Patient Name (print) _____

Patient Signature _____

Date of Birth _____

Date _____