

OFFICE POLICIES

Adult Primary Care Associates

Gwinnett Medical Group

Please read, sign and date when finished and give to receptionist.

PAYMENT/FEES

- 1- Co-pays and balances are due at the time of service. This will be collected at check-in prior to being seen for your office visit.
- 2- There will be a \$40.00 fee for all returned checks.
- 3- Fees are charged for copying medical records and forms. These fees are not covered by insurance and are to be paid in full and in advance of services requested.

APPOINTMENTS

- 1- You must have your *PHOTO ID* with you to be seen by the doctor.
- 2- If you are under 18, you must be accompanied by a parent or legal guardian.
- 3- We have an automated service that will call patients two days prior to confirm all appointments

INSURANCE

- 1- We do not file insurance with your automobile insurance company, or any third party (employer, attorney, separated spouses, etc.) for purposes of obtaining payment.
- 2- If your insurance requires you to select a Primary Care Physician (PCP), please select prior to your scheduled appointment. Failure to do so may cause your visit time to be delayed or rescheduled.
- 3- We use Quest Diagnostic Lab and LabCorp to process lab tests. If your insurance requires a different laboratory, please notify the nursing staff.
- 4- Referrals: It is your responsibility to make sure all referrals are current to see a specialist or to have a procedure at any facility. You will be required to see a provider in this office to obtain a referral. If you see a specialist without a referral you will be responsible for all charges incurred. Referrals will not be backdated.

PHONE CALLS

- 1- When you call our office; please listen carefully to the menu. It states each extension you may need. If you cannot get the person on the phone, PLEASE leave a detailed message and we will be happy to return your call in a timely manner.
- 2- If you call before 3 p.m. during normal business hours; you will get a phone call the same business day. If you call after 3 p.m. you may get a return call the next business day.

PRESCRIPTIONS AND REFILLS

Prescriptions and prescription refills for medication are provided at your appointment. For prescription refills, please contact your pharmacy and they will contact our office. Prescription and prescription refills are issued during normal business hours. If you contact the office regarding your refill, please make sure to have the following information: name, date of birth, what medication you are requesting, and pharmacy name and phone number.

PLEASE ALLOW 2 BUSINESS DAYS FOR ALL PRESCRIPTION REFILLS TO BE REVIEWED.

Patient Name (Please Print)

Date

Patient / Guardian Signature

Date



PATIENT FINANCIAL RESPONSIBILITIES

Patient Name (print): _____

Date of Birth: _____

Thank you for choosing a Gwinnett Medical Group practice as your health care provider. We are committed to providing you with quality and affordable health care. Please review and sign this policy, asking questions as necessary. A copy of this document will be offered to each patient.

1. **Registration:** All patients shall complete the Patient Information form, which will be used to ensure accurate information for proper billing. We must obtain a copy of your photo ID and current valid insurance card in order to validate your coverage. If you fail to provide us with the correct insurance information, or your insurance changes and you fail to notify us in a timely manner, you will be responsible for the balance of a claim.
2. **Patient Payment:** All patient payments are due at the time of service. This includes co-payments and deductibles. This arrangement is part of your contract with your insurance company. If we are not able to verify insurance, you will be responsible for payment at the time of service.
3. **Insurance Plans:** We accept assignment and participate and file most insurance plans. Your insurance may not cover all services, and knowing your insurance benefits is your responsibility. Please contact your insurer with any questions regarding your coverage to receive the maximum benefits
4. **Claims:** We will submit your claim based upon service provided at the time of your visit. Your insurance company may request additional information from you. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether your insurance company pays or not. Your insurance benefit is a contract between you and your insurance company; we are not party to your insurance contract.
5. **Self-Pay Patients:** We offer a prompt payment discount to our patients who do not have insurance or for non-covered services.
6. **Credit and Collection:** If your account is past due, you will receive a statement with your balance due. If a balance has remained unpaid, it will be sent to a collection agency.
7. **Missed Appointments:** There is a \$25.00 charge for missed appointments. If you need to cancel your appointment, please notify our office at least one business day, prior to your appointment. These charges will be your responsibility and billed directly to you. Please help us serve you better by keeping your regularly scheduled appointment.
8. **Forms:** There are charges for completion of certain forms.
9. **Assignment of Benefits:** I hereby agree to assign and transfer to Gwinnett Medical Group and treating Physicians all benefits and payments now due and payable or to become due and payable to me under any insurance policy or benefit plan or program for this visit and outpatient care.

I have read and understand my financial responsibilities and agree to the guidelines.

Signed: _____

Patient/Patient Representative

Print

Relationship

Date Signed