



ESOPHAGEAL INSTITUTE OF ATLANTA

Financial Policy

Our staff is concerned with the costs associated with your healthcare and wish to address current issues related to medical services provided in our office setting. Considerable care has been taken in the establishment of our fee schedule and we want to assure you our charges accurately reflect the complexity of care rendered along with the skill and expertise required in providing quality care to you.

Items listed below are not covered by your insurance carrier and will be priced accordingly when the request is received by our office:

- All services will be filed with your insurance carrier with the exception of records request, FMLA or other associated paperwork, cancellation notices and returned check fees. Any medical service(s) not covered by your insurance plan will become your financial responsibility.
- Payment for services is due and payable with each visit. Deductible, co-payments, and co-insurance payments are due and payable at the time of service. If you are unable to provide payment of items deemed your financial responsibility, your appointment will be rescheduled for a later date and time.
- If you have an HMO plan, it is your responsibility to ensure you have the appropriate referral from your primary care physician. If you do not have the appropriate referral and our office must obtain one, a fee of \$25.00 will be applied to your account.
- Returned checks will result in a \$30.00 fee applied to your account.
- A 24-hour cancellation notice is required for office visits. If you are unable to make your scheduled appointment and do not provide a 24 hour notice to cancel a \$30.00 fee will be applied to your account.
- A request for medical records must be made in writing to our office. Upon receiving the request, our office will process the records request within a 72-hour period. The fee for Medical Records is \$15.00 and is due and payable at the time of the request.
- Requests for the completion of the medical documents such as Disability leave, Cancer, Life or other health insurance forms, Employment exams, School physicals exams, Family Medical Leave (FMLA) or other documents required by a third party other than your insurance carrier will have a \$25.00 fee due at the time of request for said documents. Upon receiving the request our office will process the records request within a 72- hour period.

We encourage you to contact your benefits coordinator through your employer or contact your insurance carrier directly to verify your own benefits, eligibility, and other services that may or may not be covered. Whether you have insurance coverage or not, the party ultimately responsible for services provided by our office, staff and physicians will be you.

I, _____ have read and understand my financial responsibilities as explained in this Financial Policy.

Patient Signature

DATE