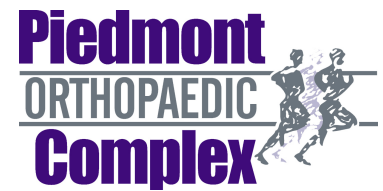


Name: _____ Date: _____

Signature: _____



4660 Riverside Park Blvd
Macon, GA 31210

Financial Policy

Thank you for choosing Piedmont Orthopaedic Complex for all of your orthopedic, spine and podiatric needs. To keep you informed of our current office and financial policies, we ask that you read and sign our Financial Policy prior to treatment. You can print a copy at www.PiedmontOrthoComplex.com.

- In order to maximize your coverage and reduce insurance fraud, we require that you provide your medical insurance card(s) and your state-issued photo ID at the time of service. If you are unable to produce your medical insurance card(s) and we are not able to quickly and easily obtain proof of coverage, you may be asked to reschedule your appointment.
- Health insurance is always filed as a courtesy to you, but it is not considered a form of payment. Please remember that as the patient, you assume full financial responsibility for your care that is not covered by your insurance carrier.
- Please be prepared to pay your co-pay and balance at the time of service. If you are not able to pay at the time of service, you may be asked to reschedule your appointment.
- Any patient that has Medicare only will have to pay half of the deductible at their first visit of the year.
- Any patient with one insurance that has a deductible, 50% of that deductible can be collected at their first visit of the year.
- Balance and deductibles must be paid in full before surgery is scheduled. Any remaining balance after surgery has to be paid within six months.
- Patient accounts will be in default if payment is not received within 60 days of the first statement. If for some reason you cannot pay the amount billed to you in full, please call our office immediately. If there has been no response after the 3rd statement, and an attempt to contact you via a pre-collect letter or phone call has been made with no response, you may be turned over to collections and dismissed from the practice.
- Returned checks will not be re-run and will result in a \$30 fee being charged to your account.
- If you file bankruptcy, Piedmont has the right to dismiss you from the practice.
- Should your health insurance company require a referral or prior authorization from your primary care provider, it is your responsibility to obtain that referral.
- It is not Piedmont's responsibility to determine who is accountable for a child's medical bills. We consider the parent or guardian bringing the child in for treatment to be the responsible party, unless otherwise indicated. Proof of guardianship may be required.
- Patients that do not have health insurance coverage may ask our staff for additional information regarding our self-pay fee schedule.
- We do not accept attorney liens. We will only bill your health insurance.
- If your injury relates to a workers' compensation claim, we must have written authorization from your workers' compensation insurance carrier before scheduling. We will file and retrieve necessary authorizations for procedures. It is your responsibility to work with Piedmont's Workers' Compensation Coordinator if you have questions related to your claim.
- Forms requiring our office's signatures and/or completion will cost \$30 at the time the form is provided to Piedmont. Please allow 10 business days for forms to be completed.
- If you are a Medicaid recipient, please be advised that we are not Medicaid providers for physical therapy and DME services. We will file on your behalf, but you will be liable for any services not reimbursed by Medicaid.
- It is your responsibility to make sure the contact information kept on file for you at Piedmont is up to date so you can receive important billing correspondence.