

Patient Financial Policy

We are committed to providing you with the best possible care, and will help you receive your maximum allowable insurance benefits. We need your assistance and your understanding of our payment policy. Your insurance contract is between you, your employer and the insurance company. *(Please refer to "Understanding Your Insurance Coverage" section.)* Not all services are covered by all contracts. While the filing of insurance claims is a service that we extend to our patients, all fees are the patient's responsibility. We will be happy to help you process your insurance claim form for reimbursement. We accept assignment for Medicare which means covered charges will be paid directly to us. We file to secondary payors for Medicare patient only. However, for all other participating plans, we will be happy to provide you with the information necessary for you to file your claim.

If we do not participate in your insurance plan, you may still choose to be seen by our practice on a cash-pay basis.

Due to current federal and insurance regulations, all co-payments, co-insurance and deductibles are collected at the time of service. We accept cash or personal checks and for your convenience Visa, MasterCard, Discover or American Express. Additional fees, which typically are not covered by insurance plans, will be charge for services such as copying of medical records, completion of required insurance/physical forms, issuance of handicapped parking stickers, etc. A fee of \$35 will be charged for checks returned for insufficient funds. Additional charges may apply if we have to turn your account over to an outside Collections Agency. We encourage you to contact us promptly for assistance in the management of your account. We are here to help you and will be happy to answer any questions you may have about your treatment or insurance coverage.

Patient Financial Agreement

I hereby authorize LiveOn Medical Center in McDonough, GA to apply for benefits on my behalf for services rendered. I certify that the information I have reported with regard to my insurance coverage is correct. I further authorize the release of any necessary information, including medical information, for this or any related claim to my insurance company in order to determine these benefits payable. I request that payment of authorized benefits be made payable to LiveOn Medical Center, McDonough on my behalf.

I understand and agree that I am ultimately responsible for the balance on my account for any professional services rendered, regardless of my insurance status. I have read the above Patient Financial Policy and have provided the Practice with true and correct insurance information. I will notify you of any changes in my health insurance coverage.

PATIENT SIGNATURE

DATE