

Financial Agreement

At Georgia Medical Associates, P.C., we help coordinate your medical expenses by filing to most major insurance plans. To fully understand your individual policy, it is your responsibility to contact your insurance company to discuss your benefits before your appointment. Your health insurance contract is between you and your insurance company. Any complaints regarding your coverage should be directed to your carrier. Unless arrangements have been made in advance, co-payments, co-insurance, and any outstanding balances are expected at the time of service. Patients will be financially responsible for any services not covered by insurance. Patient accounts not paid promptly are subject to third party collections and/or legal procedures.

*******ATTENTION: PLEASE INITIAL EACH BOX BELOW.*******

- You must provide insurance card at the time of service.
- If your insurance should change, it is your responsibility to provide updated information for your account.
- If co-pay is required for your policy, it is due prior to services rendered.
- If you have an HMO/POS plan with a group insurance, you must select a Primary Care Physician prior to services being rendered.
- There is a **\$25 No Show Fee** for appointments not cancelled without a 24 hour notice.
- There is a **\$50 No Show Fee** for Physicals or Echo's not cancelled without a 24 hour notice.
- There will be a \$30 Service Charge for all returned checks.

PLEASE READ THE ABOVE CAREFULLY BEFORE SIGNING. By signing below, I acknowledge that I have read and understand the policy.

Patient Signature: _____ **Date:** ____ / ____ / ____

Patient Representative/Guardian: _____ **Relationship:** _____