

# **Chhokar Clinic**

## **Financial Policy and Insurance Requirements**

Before starting medical services and treatment or at your first visit, we will require all of your insurance information, including a current insurance identification card and any referral or authorization that may be required. If you have any questions regarding your insurance coverage prior to your visit, please call your insurance company and/or our office 706-322-0528 ext 219.

You are required to pay any co-payment, deductible, and co-insurance amount at the time of service. Additionally, you are responsible for the timely payment of your account. All patient balances are due at the time services are rendered and/or within 30 days of our statement date.

Our office staff is always willing and available to discuss billing matters with you at any time. We know that you will agree that your clear understanding of our financial policy is important to our professional relationship.

## **Payments and Insurance**

We require payment for office visits and office procedures at the time of your appointment. We accept Checks, Cash, Master Card, Visa, Discover, American Express and Debit. Any returned checks require a \$25.00 return check processing fee. We reserve the right to refuse personal check(s) as a form of payment at any time.

If you are a member of a PPO or HMO Managed Care plan with which we contract, your insurance ID card must be presented at every visit. Patients are ultimately responsible for knowledge of specific coverage guidelines and requirements pertaining to their individual plan.

Chhokar Clinic participates in most major insurance companies some of which are listed below: (please call your insurance company for your individual plan requirements)

- Georgia Medicare
- Georgia Medicaid
- Blue Cross & Blue Shield
- CIGNA
- United Healthcare
- Aetna
- We are a participating provider for Medicare and most Medicare Advantage Plans.

**Payments:**

Unless other arrangements are made in advance, and in writing, the balance on your statement is due and payable upon receipt, and becomes past due if not paid by the end of the month. In order to provide you with the highest quality service we offer paperless billing. We simply maintain your credit, debit, or check card number on file to satisfy all co-payments, deductibles, and balances for non-covered services as determined by your insurance company.

**Insurance:**

Your health insurance is a contract between you and your insurance company. We are NOT a party to this contract. We will bill your primary insurance company only if we are a contracted provider of that insurance company. Although we may estimate what your insurance company may pay, it is the insurance company that determines your eligibility for services rendered. You agree to pay any portion of our charges not covered by your insurance company.

**Transferring of Records and other Direct Administrative Costs:**

If you request copies of your medical records for any reason, including transferring to another doctor, you must do so in writing, and pay us a reasonable service fee as allowed by Georgia State Statute. Our current fee is \$1.00 per page for the first 25 pages and \$.25 per page thereafter. There is a fee of \$25.00 which applies to requests made for any medical forms to be signed by the provider for Life Insurance and/or Prescription Authorizations etc. You authorize us to include all relevant information as requested. If you request another doctor or organization to transfer your medical records to us, you authorize us to receive all relevant information.

**Thank you in advance for your cooperation with our office policy. We look forward to providing you with the highest quality service.**

**Chhokar Clinic Office Staff**

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