

Financial Policy

Thank you for choosing Athens Neurological Associates. In order to keep your costs as low as possible we have the following financial policy in place. All patients are required to read and sign this document prior to their first visit.

Before your appointment, please verify that we are a participating provider in your insurance plan and obtain any necessary authorizations. Our contracts with insurance plans require that we collect any co-payment, co-insurance or deductible due before you are seen for your appointment. Failure to pay a fee due prior to your appointment may result in rescheduling of the appointment. *You will be financially responsible for any services provided that are not covered by your insurance.*

Any additional amount due after your co-pay and your insurance company has paid will be billed within seven days following your insurance company's payment. At that time you have ten days to pay this balance. An account is considered past due if not paid within ten days of receiving your statement. Those accounts not paid in full within 90 days and no acceptable payment arrangement has been agreed upon may be turned over to an outside collection service. Accounts turned over to outside collection services are subject to an additional service charge in the amount of \$30.00 and may result in the termination of care by our providers.

Your check may be processed electronically. If your check is processed manually and your check is returned unpaid by your bank, your account will be charged a service charge of \$30.00. We will bill you for the amount of the returned check plus the service charge according to the policy stated in the paragraph above.

If the patient is a minor, the adult accompanying the patient and the parents or guardians of the patient are responsible for full payment.

If you need to reschedule or cancel your appointment please contact us at 706-353-0606 at least one day prior to the appointment so that we have the opportunity to offer the appointment to another patient. If notice is not received at least one day prior to an office visit appointment there will be a \$30.00 charge applied to your account. If notice is not received at least one day prior to any testing or procedure appointment, there will be a \$75.00 charge applied to your account.

I understand and agree to this financial policy.

Signature of patient

date

Signature of responsible party, if other than the patient

date