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PAYMENT AND FINANCIAL POLICIES

Thank you for choosing us as your healthcare provider. We are committed to providing you with quality and affordable health care. We have developed the following payment policies for our practice. Please read and ask us any questions you may have and sign in the space provided. A copy will be provided to you upon request.

1. PAYMENT: Payment is expected at the time of your visit. Just as we make every effort to accommodate you when you need medical care, we expect that you will make every effort to pay your bill promptly. Payment is due at the time services are provided or upon receipt of a statement from our billing office. We will accept cash, check, or credit card. We also accept FSA and HSA card payments. Payment will include any unmet deductible, co-insurance, co-payment amount or non-covered charges from your insurance company. If you do not carry insurance, or if your coverage is currently under a pre-existing condition clause payment in full is expected at the time of your visit. We do ask for a copy of your current insurance card and driver's license at the time of your visit to ensure we properly file your claim.

2. CREDIT CARD ON FILE: Prime Care of Georgia is committed to making our billing process as simple and easy as possible. We require that all patients provide a credit card on file for our office. We will scan your card in our office and store your card number in a secure, compliant location with our credit card vendor. For security reasons, once stored, your card details will not be visible to our staff except the last four digits of your credit card number. Credit card on file will be used to pay for services that your insurance does not cover for which you are liable; this includes but is not limited to copays, co-insurance, payments towards your deductible, account balances and non-covered charges such as cancellation/no-show fees and form fees, which are still pending after your insurance processes your claim. You will receive a billing statement for any outstanding balances and will be able to make the payment in whichever way you prefer (i.e. check, credit card, cash). If we do not receive payment for the amount listed on your statement within 14 days of the statement date, we will run the credit card on file for the full amount owed 14 days after the original statement date. If your payment is declined, we will call you. If our reminder call is not returned within one week, a \$35 declined payment fee will be applied, and another statement will be mailed. Your account becomes delinquent if not paid within 30 days after the date of the original statement and the unpaid balance may be subject to a finance charge of 18% or \$50, whichever is higher, and your account will then be forwarded to a collection agency after 120 days. (This clause is not applicable to patients with Peach State Health Plan/Medicaid insurance coverage).

3. INSURANCE: We participate with several insurance plans and will file your claims on your behalf. You are expected to present your insurance card at each visit. Insurance claims are filed to participating insurance companies. The patient is responsible for notifying our office of any changes in insurance coverage. Verification of participation with the patient's specific insurance plan is the responsibility of the patient. Patients are encouraged to contact our office at 912-561-7001 or their insurance carrier to ensure participation with the insurance plan prior to arriving for an appointment.

4. SELF-PAY: Payment in full is expected at the time of service for uninsured patients.

5. RETURNED CHECKS: Checks returned for insufficient funds will incur a service charge currently set at \$35, which may vary from time to time as determined by our financial institution. If your check is returned, it may be represented electronically. You authorize service charges and processing fees, as permitted by state law, to be debited from the same account by paper draft or electronically, at our option.

6. PARTIAL REFUNDS: Refunds are issued to patients when a patient overpayment has occurred and there are no outstanding claims to insurance or upcoming appointments scheduled.

7. COLLECTION ACCOUNTS: All outstanding balances shall be due within 30 days of the date of service. At that time, all past due balances in their entirety must be paid prior to the time of your next visit. Balances that remain outstanding for a period of 120 days or more after the original billing statement may be referred to a collection agency and could affect your credit.

8. FORMS FEES: Fees are to be paid when form is completed/picked up. Rates for completion of forms are as follows:

- Simple form: \$10

Examples of Simple Forms: Handicap tag/sticker, College & Camp Form.

- Complex Forms: \$25 (completed within 10 business days)

Examples of Complex Forms: Short Term Disability form, Long Term Disability form, FMLA Paperwork.

9. APPOINTMENTS AND NO/LATE SHOW POLICY: Please arrive 20 minutes before a new patient appointment and 10 minutes before a follow-up appointment to ensure timely completion of any relevant forms. Late arrivals of 10 minutes or more will be rescheduled to the next available appointment at the discretion of the provider. Depending on the schedule, the provider may allow a late patient to be seen at a time slot later in the same day if available. We try to provide individualized care to every patient, and we may sometimes run behind schedule. Please be assured that we will spend the time necessary to provide you with the best possible care.

10. MISSED APPOINTMENTS: Please notify us at least 24 hours in advance if you need to cancel or reschedule an appointment. Failure to do so will count as a missed appointment. You may be charged a fee as outlined below:

- \$50 after the first missed appointment for a medicine new patient visit
- \$35 after the first missed appointment for a medicine follow up patient
- \$100 after the first missed appointment for an allergy new patient visit
- \$50 after the first missed appointment for an allergy follow up patient
- \$150 after the first missed appointment for a allergy skin or patch testing appointment

This charge cannot be billed to the insurance company. Failure to pay a no-show fee will be treated according to our policy on unpaid balances. This charge is not applicable to patients with Medicaid insurance coverage.

If a new patient no-shows for 3 visits, we will be unable to schedule any future appointments. If an established patient no-shows for 3 visits in a calendar year, we will be unable to schedule any future appointments and you may be discharged from the practice, at the discretion of the responsible provider and management. Medical care will not be withheld for a medical emergency for thirty days from date of dismissal.

11. FINANCIAL DISMISSAL: Patients who do not make payment arrangements risk being dismissed from the practice. Prime Care of Georgia reserves the right to dismiss patients for delinquent financial accounts on personal balances. If dismissed, medical care will not be withheld for a medical emergency for thirty days from date of dismissal.

QUESTIONS: We accept cash, checks, and credit card for payment. We also accept FSA and HSA card payment. For specific billing inquiries or to pay by phone with a credit or debit card, please call 912-561-7001 Monday - Friday 8AM – 5PM. Payments may also be mailed to Prime Care of Georgia, 1000 Towne Center Blvd Ste 604, Pooler, GA 31322.