



PRIMECARE
OF GEORGIA
LIVE WELL. BREATHE WELL. FEEL WELL.



1000 Towne Center Blvd, Suite 604, Pooler, GA 31322 Phone: 912-561-7001 Fax: 912-561-7002
info@primecareofga.co.

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 will be subject to a finance charge of 1.5% (18% APR) or \$35, whichever is higher, and your account will then be forwarded to a collection agency. (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 \$30, 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.



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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 30 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) **MISSED APPOINTMENTS:** If you fail to cancel a previously scheduled appointment at least 24 hours in advance, this will count as a missed appointment, and you may be charged a fee as outlined below:

Primary Care patients:

- No Show/ same day cancellation fee for established patients \$50
- No Show/ same day cancellation fee for new patients \$75

Allergy & Asthma/ Immunology patients:

- No Show/ same day cancellation fee for established patients \$75
- No Show/ same day cancellation fee for new patients \$100
- No Show/ same day cancellation fee for allergy testing \$150

Serenity Med Spa patients

- \$100 for No Show/ same day cancellation fee

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/TennCare insurance coverage. Please refer to the "No/Late Show Policy" for more information.



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After 2 no-show appointments in a calendar year, 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.

10) 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.

I have read, understand, and agree to the Financial Policy as provided to me. I understand that charges not covered by my insurance company, as well as applicable copayments, and deductibles, are my responsibility and are payable within 14 days of the date when the billing statement is mailed.

I authorize Prime Care of Georgia to release pertinent medical information to my insurance company when requested or to facilitate payment of a claim. I authorize my insurance benefits be paid directly to Prime Care of Georgia. I understand and acknowledge that I am financially responsible for services rendered by Prime Care of Georgia, and I agree to pay all reasonable attorney fees and court cost in the event of default on my account.

I authorize Prime Care of Georgia to charge my credit card for any unpaid balance due on my account. I understand that my credit card on file will be charged 14 days after original billing statement is mailed.

Signature

Date

Printed Name