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Financial Policy

Thank you for choosing Colorectal Wellness Center for your surgical care. We are committed to providing you with exceptional care and successful treatment. Please understand that payment of your bill is considered part of your treatment. The following is our Financial Policy, which we require you to read, agree to, and sign prior to any treatment.

Insurance

We participate with many insurance plans. If you are insured by a plan we do business with, we will submit claims to your insurance carrier. If you are insured by a plan that we do not have a prior agreement with, payment in full is expected at each visit. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

Insurance Verification

As a courtesy to our patients, we will verify your insurance coverage prior to your scheduled procedure. However, verification of benefits is not a guarantee of payment. All claims are subject to review by your insurance company upon submission. You are responsible for any charges not covered by your insurance.

Co-payments, Deductibles, and Co-insurance

All co-payments, deductibles, and co-insurance must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

Coverage Changes

If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

Self-Pay Patients and Forms of Payment

For patients without insurance coverage, payment in full is expected at the time of service unless payment arrangements have been made prior to your visit. In some instances, we may be able to offer a self-pay discount to patients who pay in full at the time of service. Financing options are available through Care Credit. We accept cash, VISA, MasterCard, American Express, and Discover. Care credit is also available. A \$35.00 service charge will be added to all returned checks.

Payment Plans

Payment plans are available for patients who qualify. Please speak with our billing office to make these arrangements prior to your scheduled procedure.

Georgia State-Specific Provisions

In accordance with Georgia state laws:

- We will notify you in writing at least 30 days before sending an overdue bill to a collection agency

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- We provide itemized billing statements upon request
- We comply with the Georgia Fair Business Practices Act regarding medical billing practices
- We adhere to Georgia's Surprise Billing Consumer Protection Act (if applicable)

No Show/Late Cancellation Policy

We understand that situations arise when you may need to cancel your appointment. Therefore, we request that if you must cancel your appointment, please provide at least 24 hours notice.

- Office appointments which are cancelled with less than 24 hours notice will be subject to a \$25 cancellation fee
- Surgeries/procedures cancelled with less than 48 hours notice will be subject to a \$100 cancellation fee

Collection Agency

Accounts that are not paid within 90 days may be referred to our collection agency. In addition to your outstanding balance, you will be responsible for the fee charged by the collection agency for costs of collections (33% of the balance).

Medical Records and Forms

- Medical Records: In accordance with Georgia law, we charge a reasonable fee for copying medical records
- Form Completion: There is a \$20 fee for completion of disability, FMLA, or other forms

Medicare Patients

We are Medicare participating providers. We will bill Medicare for you. We will also bill secondary insurance carriers for you.

Personal Injury Cases

For patients who are being treated as part of a personal injury claim or lawsuit, payment of the medical bills remains the patient's responsibility. We cannot bill attorneys or await payment on a settlement.

Financial Hardship

Patients who are experiencing financial difficulties may qualify for financial assistance. Please ask to speak with our billing manager for more information.

Acknowledgment

I have read and understand the financial policy and agree to abide by its guidelines.

Patient or Responsible Party Signature

Print Name

Date

April 2025