Middle Georgia ORTHOPAEDICS
Specializing in You

Warner Robins
3051 Watson Boulevard, Suite 525
Warner Robins, GA 31093

Perry
1013 Main Street
Perry, GA 31069

Hawkinsville
42 Truman Road
Hawkinsville, GA 31036

www.MGO.md | Phone: (478) 953-4563 or (478) 953-4611 | Fax: (478) 953-4564

FINANCIAL POLICY

This policy statement is intended to answer questions you may have regarding payment for services rendered at our facilities or in the hospital setting by members of the practice.

INSURANCE COVERAGE

If you have health insurance, it should be understood that it is an agreement between you and your insurance company to pay certain amounts for medical care. Your doctor's bill, on the other hand, is an agreement between you and your doctor. You are responsible for the payment of your doctor's bill regardless of the status of your insurance claim.

Our practice participates in most local insurance plans; however, it is your responsibility to determine whether or not we are a participating provider for your insurance carrier. If we participate in your insurance plan, we will, as a courtesy, verify your coverage, bill your insurance carrier, and assist you in getting the claim paid. You are, however, ultimately responsible for payment of your bill.

You are also responsible for payment of any deductible and co-payments as determined by your contract with your insurance carrier. We expect these payments at the time of service. We attempt to accurately verify the amounts due from you; however, we are not liable for false or outdated information that your insurance provides to us.

Many insurance companies have additional stipulations that may affect your coverage. In addition, please be aware that some of the services you receive may be non-covered or not considered reasonable or necessary by your insurer. You are responsible for any amount not covered by your insurer. If your insurance carrier denies any part of your claim, or if your treatment continues past your approved period, you will be responsible for your balance.

Being educated about your individual policy is your responsibility, and if you have any questions regarding coverage, please contact the insurance carrier directly. We simply follow the guideline set forth by your insurance company.

DEMOGRAPHIC INFORMATION

In order to bill your insurance company for your healthcare costs, it is extremely important that we obtain complete and accurate information about you, your primary and supplemental insurance companies, and your health history. Accordingly, we must obtain a completed patient information form, a copy of a valid driver's license, and proof of insurance before seeing the doctor. If this information is not provided, we reserve the right to require full payment at the time of service. Furthermore, if any of your information changes, it is extremely important that you notify us before your next visit to ensure your insurance company is billed accordingly.

SELF-INSURED

Patients without insurance are requested to pay in full at the time of service. If you have financial hardships, we will work with you to arrange a payment plan. This will be determined on a case by case basis.

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PAYMENT FOR SERVICES

For your convenience, our office accepts cash or checks, payment plans, Visa and MasterCard, and Care Credit Health Credit Card (subject to approval). In the event that we receive a returned check due to insufficient funds, a $30 fee will be charged to your account and payment is due upon receipt of your statement. Should your account become delinquent and be turned over to a collection agency, you will be financially responsible for all collection fees and legal fees that our office incurs through the process utilized to collect the outstanding delinquent balance.

REFUNDS/INQUIRIES

Our practice will always refund the patient/client for services that were paid by them but were not provided. This includes services that were not rendered that were charged to a Care Credit credit card. Our practice agrees to respond to inquiries regarding consumer complaints within 21 days of the date of inquiry.

REFERRALS

Orthopaedic surgery is a specialty practice, and your insurance carrier may require that you obtain a referral from your primary care provider before being seen. As the insured member, this is your responsibility. We recommend that you contact your health insurance carrier to determine whether you need a referral before scheduling an appointment. If a referral is not presented at the time of service, the practice reserves the right to cancel the appointment until the patient presents with a referral.

DISABILITY CLAIM FORMS

Our office will complete your disability insurance claim forms; however, there is a charge for this service that must be pre-paid.

PHYSICIAN'S ASSISTANTS AND NURSE PRACTITIONERS

Our practice utilizes physician's assistants and nurse practitioners. Our physician's assistants and nurse practitioners operate under the supervision of your treating physician as approved by Georgia Law. You may, however, request to see a physician at any time.

I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY SET FORTH ABOVE, AND I AGREE TO THE TERMS OF THIS FINANCIAL POLICY. I ALSO UNDERSTAND AND AGREE THAT THE TERMS OF THIS FINANCIAL POLICY MAY BE AMENDED BY THE PRACTICE AT ANY TIME WITHOUT PRIOR NOTIFICATION TO THE PATIENT.

Patient's Name:_____ Date of Birth: _____

Signature:_____

Date: _____

Middle Georgia Orthopaedics complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.