

FINANCIAL POLICY

Thank you for choosing Atlanta Vascular and Vein Center and its affiliates (AVVSC Lawrenceville, LLC, AVVC Anesthesia, LLC, KARE ASC, LLC) as your health care provider. We are committed to providing the best medical treatment possible. Please understand that payment of your bill is considered a part of your treatment. The following statement explains our Financial Policy, which may ask you to read, sign and return to us prior to your treatment.

- All patients are to provide accurate and complete personal and insurance information prior to being seen by the doctor. You will need to provide a picture ID and your insurance card.
- All applicable co-pays, co-insurance, and deductibles are expected to be paid in full.

Regarding Insurance:

We participate in most insurance plans. Read and understand your insurance policy. It is your responsibility to understand the rules and terms of your insurance. We will not explain coverage, benefits or guarantee our participation status with your plans. You need to obtain this information, prior to your visit. Your policy is a contract between you and the insurance carrier. Read it, understand it and ask questions. Do not assume your policy automatically covers everything. Even different policies from the same insurance company can have different requirements. It is your responsibility to know what your policy covers and what it does not. Always carry your insurance card with you. You will need it for all office visits and may need it in case of an emergency. Some insurance carriers require we verify coverage for each office visit. Without this information, we may have to reschedule your appointment, or you may have to pay at the time of service. Some carrier requires a referral or prior authorization from your primary care provider. It is your responsibility to obtain this referral. If you do not have a referral or prior authorization, you will be responsible for payment or we will reschedule your appointment.

Usual and Customary Rates:

We are committed to providing the best treatment for our patients. We charge what we believe to be reasonable and customary fees, for our region and specialty.

Past Due Accounts:

Overdue accounts will be assessed at the end of each month.

Returned Checks:

For checks returned to us for insufficient funds by your bank, we will charge a fee of \$30.00.

Insurance Denials:

In the event that any date of service is denied by the insurance carrier for ineligibility or no referral, the remaining balance will be turned over to patient responsibility.

Insurance Non-Payment:

If a claim is forty-five (45) days old and there has been no response from the insurance carrier, the balance due will be turned over to patient responsibility.

Please contact our Billing Department if you have any questions or concerns at 678-878-4555.

I have read the Financial Policy and I understand and agree to the Financial Policy.

Print Name

Signature

Date