

## Patient Financial Responsibility

Thank you for choosing Northeast Georgia Physicians Group (NGPG) for your medical care. We appreciate that you have entrusted us with your health care, and we are committed to providing you with the best patient care possible. The following information outlines our expectations for your financial responsibility to our office.

Patients or their legal representatives are ultimately responsible for all charges for services rendered. All services rendered to minor patients will be the responsibility of the accompanying adult, custodial parent or legal guardian.

NGPG is contractually obligated to collect applicable co-payments at the time services are rendered. We are also obligated to collect any deductible and/or co-insurance amounts deemed patient responsibility by your insurance.

Uninsured (self-pay), if you do not have health insurance, we will be happy to provide care for you. We offer a discount to uninsured patients of 30% on those services that would typically be billed to an insurance company. To qualify for a 45% discount (an additional 15%), we require a minimum of \$100.00 to be paid at check-in (\$25.00 for pediatric patients). This payment will be applied towards any charges for your visit. If there is an overpayment, outstanding balances will be settled, and the remainder will be refunded via return to credit card or by check (depending on the method of payment for the time of service deposit).

***Procedure Deposit:*** Patients who are scheduled for a procedure may be required to pay a deposit towards their estimated patient responsibility amount. This amount would consist of any applicable copays, co-insurance, or any remaining deductible amounts. Our staff will contact your insurance company and provide you with an **estimate** of the planned procedure fee based on your plan benefits. The procedure deposit may be paid by cash, check or credit card.

You will also be contacted by hospital staff who will provide the same information for your expected hospital charges.

Please be aware that you may receive a statement from other entities such as anesthesia, lab, pathology, etc. Any questions you have regarding those charges would need to be directed to their office. NGPG does not process the billing for these services.

If you are unable to pay 100% of the estimate amount prior to your procedure, our staff will provide you with information about financing options. You will be required to make some type of payment towards your estimate amount prior to your procedure.

By signing this form, you agree that you have read and understand your financial responsibility.

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Signature

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Date