

Winder Internal Medicine and Geriatrics Center P.C.

20 Satellite Dr. Ste 100, Winder, GA 30680

Phone (770) 586-0310, Fax (770) 586-0312

Treatment and Payment Agreement

- Treatment Consent and Authorization:** I consent and authorize Winder Internal Medicine and Geriatrics (“WIMGC”) to examine me and perform all treatments for this and all following visits, including, without limitation, prescribed medications, performance of diagnostic procedures and laboratory tests as deemed necessary or advisable by the attending physician. This consent and authorization is given in advance of any specific diagnosis or treatment and is continuing until revoked in writing.
- Insurance Plan Benefits:** WIMGC participates with multiple insurance plans. Each insurance plan has different benefit packages and regulations. I understand, acknowledge and agree that it is my responsibility to be familiar with my insurance benefits and to advise WIMGC’s staff regarding my insurance coverage. **I understand, acknowledge and agree that I am fully responsible for all charges, including, without limitation, laboratory tests, that are not covered by my insurance policy.**
- Payment Agreement and Financial Patient Policies:** WIMGC will file the insurance claims(s) with my insurance carrier for services provided to me. I understand, acknowledge, and agree that WIMGC must collect my co-payments and deductibles at the time the service is rendered. I am required to present my insurance card at the time of the visit. Without a current insurance card, WIMGC will not be able to file my claims appropriately and I will be responsible for the payment of all charges. If my insurance coverage changes, I agree to notify WIMGC at the time of my visit. WIMGC may not be able to re-file claims, and I would be responsible for full payment.
- Laboratory Tests:** Laboratory tests are normally drawn at WIMGC’s offices. Some insurance companies require the patient to go to a particular laboratory. LabCorp performs the majority of WIMGC’s tests. There may be some tests performed for which LabCorp will bill the patient directly, but the bulk of testing is billed by WIMGC.
- Patient Fees for Other Services:** WIMGC has specific charges for missing appointments without a 24-hour advance notice, filling out medical forms, copying medical records when they are not going to a physician that either referred you to WIMGC or that WIMGC referred you to, returned checks, prescription refills that are requested over the phone (effective January 1, 2012) and also for family and patient meetings with the physician outside of your scheduled follow-up appointment. These charges are the patient’s responsibility and will not be billed to any insurance company. There will be a 5-10 business day turnaround for all records requests and medical forms. **Please initial next to each item that you understand, acknowledge and agree that you will be responsible for these charges should they be necessary.**

Initial	Description of Service	Description of Billing	Cost of Service to Patient
	No-Show Fee	Appointment missed without 24-hour advance notice to office	\$25.00 per occurrence
	Returned Check Fee	Check returned unpaid by bank	\$30 per occurrence/must pay using cash or credit for future visits
	Medical Records	Pages 1-20	\$25.00
	Medical Records Additional Pages	Pages 21+	.50 per page + \$25 for first 20 pages
	Medical Forms Filled Out	1-3 Pages	\$10 per form
	Medical Forms Filled Out	3-6 Pages	\$20 per form
	Medical Forms Filled Out	6+ Pages	\$25 per form
	Prescription Refill Request	Refill requested outside of scheduled appointment (effective January 1, 2012)	\$10 per request
	Family and/or PT Conference w/Physician	In 15 minute Increments	\$20 per 15 minutes

Signature of Patient or Legal Guardian

Date of Birth

Print Name of Patient or Legal Guardian

Date