

## AUTHORIZATION TO PAY BENEFITS TO PHYSICIAN

I understand that my insurance may send payment for the doctor's services to me. I hereby assign to the above named clinic all surgical, medical insurance and/or other benefits, if any otherwise payable to me for their services as described below. I agree to endorse the checks over to the clinic. I understand that if I use the insurance proceeds for my personal use, I have committed fraud. I hereby authorize and direct payment directly to the above named clinic, unless charges for their services have been paid, so much of any cause of action or right of recovery and any payment proceeds relating thereto, that I may have against my third party whose actions may have caused injury or illness for which I am being treated by the above named clinic.

I further understand that should my account with GUILFORD IMMEDIATE CARE become delinquent that I will be turned over to a collection agency; I will be responsible for 18% interest on my outstanding balance or charges that may be incurred in the collection of my account.

I, \_\_\_\_\_, hereby authorize GUILFORD IMMEDIATE CARE to release any information acquired in the course of my examination or treatment to : Any physician, medical practitioner, hospital, clinic or other medical or medically related facility, or insurance company. I understand that the information released to these facilities will be used in furthering my treatment or processing my claim with my insurance company. The information released will not be given, sold or transferred to any other person not mentioned above. I understand that I am entitled to any photocopy of this authorization upon request.

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**Signature**

*\*See reverse side for our payment policy.*

**Corporate Office – Gainesville**

1250 Jesse Jewell Pkwy., Suite 400

Gainesville, Georgia 30501

Tel: 770-532-0800

Fax: 770-532-0801

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**Date Signed**

**Oakwood**

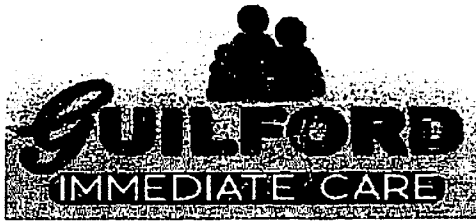
3885 Mundy Mill Rd., Unit 114

Oakwood, Georgia 30566

Tel: 770-532-0820

Fax: 770-532-0835

**HOURS: Monday thru Saturday 9 am to 9 pm & Sunday 9 am to 5 pm**



## PAYMENT POLICY

We believe an informed consumer is a more satisfied consumer. Therefore in our efforts toward better communication, we offer you our Payment Plan in writing for you to keep with your medical receipts.

### Office Services:

1. Please be prepared to pay for all services when services are rendered. If you are unable to pay your bill today, please see our receptionist and she will be happy to schedule an appointment for you at a time when you are prepared to pay for services.
2. Commercial Insurance – We are happy to bill services to your insurance company as a courtesy, when you provide us with the necessary information. Any overpayment will be refunded to the patient. It is the Patients Responsibility to confirm whether we participate with your Healthcare Plan. If we are Out of Network, you will be responsible for the full amount not covered by your Healthcare Plan at the Time of Service. It is your responsibility to be familiar with the requirements of your specific plan, to give your insurance card to our receptionist so we may verify coverage and bill correctly, and to keep us informed of any changes in your insurance coverage to avoid loss of benefits. If we are unable to verify benefits, we will require prepayment of \$150.00 from the patient and once your claim has been processed by the insurance company then any remaining refund will be returned to the patient.
3. Disability Forms – We will complete your disability form for a \$10.00 fee payable in advance. You will be notified when you may pick up the completed form from our office or we can mail it to you. Please call ahead to verify form is ready for pick up.
4. Workers Compensation – Written verification is required from the employer or insurance carrier prior to being seen by our doctors. If verification is not received, your appointment could be rescheduled. We also require picture identification on all patients.
5. Medicare – Our doctors participate with Medicare Part B. We require all coinsurance and deductibles at time of service unless you have a Medigap Policy. Not all secondary insurances are Medigap payers.
6. Secondary Insurances – We will be happy to take a copy of your secondary insurance card and file it, however in many cases the secondary policy will not pay in addition to the primary insurance. Therefore, we will file one time with secondary insurance as a courtesy to you, but copays, coinsurance amounts and deductibles applied by the primary insurance are due from you at the time of service.
7. Medicaid – We are not accepting new Medicaid patients at this time. If we have filed Medicaid for you previously, we will continue to do so. Please present your Medicaid card at each visit. Any copays are due at the time of service. We will continue to file Medicaid secondary when it is a Medicare crossover.
8. Automobile/Accident Insurance – We will file these insurances if the patient has an existing claim number and all pertinent information at the time of service and after verification that the policy does have Medpay coverage. If verification is not possible, the patient will be required to pay for services in full at time of service and would need to file a claim themselves. We can file your medical insurance for these services and any copays, coinsurance, deductible will be required at time of service. However, we are required by law to inform your medical insurance that charges are due to an accident. If your medical insurance investigates and finds another party at fault, they may request a refund of any payments made and any balance will be your responsibility.
9. Return Check Fee – There will be a \$35.00 service charge for any returned checks and the service charge plus the amount of the check will be due immediately.
10. Statements – After insurance pays on your account, any balance remaining will be billed to you by monthly statement. It is our policy to send two (2) statements and if no payment is received then a final letter will be sent notifying you that your account will be turned over to a collection agency. If the account is turned over to the collection agency, you will be responsible for 18% interest on any outstanding balance or charges that may be incurred in the collection of your account. We will defer any future appointments until this balance has been paid in full.