AUGUSTA SURGICAL GROUP, P.C.

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IMPORTANT MESSAGE TO OUR PATIENTS

We would like to help clarify some of the most common misconceptions so that you, the patient, will understand what is expected of your insurance companies and you regarding visits to our office and subsequent procedures performed here or at the hospital.

Most insurance policies pay for office visits and surgical procedures (or operations). We will file a claim to your insurance company for any procedures. They will pay a percentage (after you have met your deductibles) of the fee and, unless, you have a secondary insurance, you will be responsible for the remaining portion of the fee. You will be asked to pay your office visit co-payment before you are seen. If you do not have a co-payment, we will check on your insurance to see what you will owe.

Self Pay patient must pay at the time of the visit. If surgery is needed, we will have our patient accounts representative discuss this with you before surgery.

Medicare operates by a different set of rules. Since your physicians participate in the Medicare program, we are required to file for all services provided to you. Medicare allows a specific fee for each visit or procedure and pays 80% of this allowance. We are then required to bill you for the additional 20% (through either supplemental insurance or your payment) and we are required to write off the difference between our normal fee and the fee Medicare allows. The new Medicare Advantage plans operate mainly with a co-pay and / or coinsurance. This may not apply if we do not participate in your particular Medicare Advantage Plan.

Each insurance company is unique so we need as much information as possible about your present coverage. Many companies are now requiring pre-certification or pre-authorization before they will allow any charges.

SURGERY -Copay's and deductibles are due before your procedure is performed
NO SHOW APPOINTMENT POLICY – A no-show fee of $15.00 will be charged for missed appointments, unless canceled with at least a 24 hour notice. Please contact us at 706-724-5451 to reschedule. We may waive the no-show fee in case of emergencies, upon extenuating circumstances as long as you notify office staff for documentation purposes.

Please help us help you by providing our staff as much details as you have regarding your insurance coverage. Remember, you the patient, are responsible for charges incurred through our office regardless of insurance coverage.

Patient Signature:_____ **Date:**_____