



FINANCIAL POLICY

- **Payment is due at the time of service:** Cash, check, or credit card will be accepted for office services, deductibles, co-pays, and co-insurances. If requested, a copy of services provided will be given to you.
- **Office Services:** Southern Medical Group will file your office charges with most health plans. Non-participating H.M.O. plans will not be filed, and a copy of your office charges will be given to you to submit to your insurance plan.
- **Co-Pays, Deductibles, and Co-Insurances:** Please note we only file for your insurance's share of services provided. The patient's share of co-pays, deductibles, and co-insurance are due at the time of service.
- **Secondary Insurances:** Secondary insurance claims will be filed once. If payment or denial has not been received within 30 days of filing, you will be responsible for payment.
- **Tertiary Insurance:** Tertiary insurance claims will not be filed by Southern Medical Group. You will be responsible for paying any remaining balance due to Southern Medical Group, and filing with your tertiary insurance carrier.
- **Charged for No-Show Appointments:** The following fees will apply for "no-show" appointments:
 - \$50.00:** - Echo, Carotid, PVR, Holter, Event, and GXT (Cancellation Notice = 24 hours)
 - \$270.00:** - Nuclear Stress Test (Cancellation Notice = 48 hours)
- **Statements:** Statements are mailed out monthly. Southern Medical Group does not process statements for balances less than \$10.00. Patient Registration will collect the balance at your next appointment.
- **Financial Promissory Form:** You will be required to sign a Financial Promissory agreement, if you are unable to make a payment at time of service. You will have 5 business days to submit payment before Southern Medical Group, will add an additional \$25.00 administrative fee to be added to the original Copay, deductible, coinsurance due.



- **Collections:** If no payment is received within the 3rd statement (90 days), your account will be deferred to collections.
- **Payment Plans:** Patients will adhere to the payment plan policy set forth by Southern Medical Group.
 - **The minimum balance for a payment plan is \$100**
 - **If the balance is less than \$350, you must pay the balance in full within 6 months.**
 - **Balances greater than \$350 must be paid in full within 12 months.**
 - **Minimum payments of \$50 per month.**
- If you have any questions concerning our Financial Policy or fees, or if you are having difficulty with making payment, please request to speak to one of our Insurance Specialists or a Financial Counselor before signing below.

My signature below certifies that I have read, understand and agree to the terms of the Financial Policy listed above.

Patient Signature: _____ Date: _____

PATIENT INFORMATION

Patient Name: _____ D.O.B. _____ MRN _____