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OUR FINANCIAL POLICY

Our physicians and staff are very concerned about the cost of your healthcare and want to address some current issues related to the cost of medical services in this office.

Considerable care has been taken in setting our fees. We want to assure you that our charges accurately reflect the complexity of the care rendered and the skill and expertise for your care. Our fees are comparable with fees of other surgeons in the metro area.

PAYMENT POLICY

INDEMNITY (not HMO OR PPO): If an insurance company indicates that the physician's fees are above the "usual and customary", please understand that most physician's fees are above the rate at which insurance companies choose to pay. The rate is most often lower than the fees normally charged by a physician. We use many sources to determine the appropriateness of our fees. We cannot and do not allow the payment or allowance of insurance companies to set the amount that we charge for our services. Our policy requires payment at the time of service for office visits and procedures. To assist you in filing your own insurance claim, we will provide you with an itemized statement. You can simply send the itemized statement to your insurance company to expedite your reimbursement.

HMO, POS AND PPO MEMBERS: If you are a member of an HMO, POS or PPO in which we participate, your deductible and/or copay is required at the time of service. *****You are also responsible to see that we have a current referral on file, if your insurance company requires one.*** If you don't have a current referral at the time of service, your insurance company will hold you responsible for all charges. You may be sent to your primary care physician to obtain a referral prior to being treated.

*****Our agreement is with YOU and NOT your insurance company.** You (or perhaps your employer) have chosen your insurance coverage. Although we will assist you in submitting your claim to your carrier, you are ultimately responsible for the services you receive. Payment to our office is not contingent or dependant upon your insurance company.

In your interest, we are pleased to accept cash, check, MasterCard or Visa for your charges. Returned checks will receive a \$20.00 overdraft charge. A monthly billing fee will be added to all account balances beyond 30 days of service.

A collection agency may take over a delinquent account. If any account is placed with a collection agency, the patient will be responsible for all costs of collection. Timely payment will prevent consequences to your credit rating.

If you have any questions about our financial policy or your insurance reimbursement, please feel free to discuss this with our office staff.

I have read and understand my financial responsibilities under this policy.

PATIENT SIGNATURE _____ DATE _____