

FINANCIAL POLICY

We thank you for choosing ***Southeastern Rheumatology Alliance (SERA)*** as your healthcare provider. The SERA team of physicians and healthcare professionals are committed to fulfilling our mission to provide a continuum of medical services to our patients. To support this goal, we have created this financial policy to communicate important financial aspects about our practice. Please read this policy thoroughly before your visit and contact our Business Office should you have questions or concerns. Our Business Office is available Monday-Thursday from 8:00am - 5:00pm, and you may reach them by dialing:

Arthritis Center of North Georgia: 706-410-9270

Arthritis and Rheumatology of Georgia: 404-255-5956

Coastal Rheumatology Associates of Georgia: 912-349-4227

Arriving for Your Visit

To provide exceptional care to every patient, SERA has adopted guidelines around late arrivals, cancellations, and patients who fail to show for their appointments. We ask that every patient, regardless if you are new or established within our practice, arrive 15 minutes before their scheduled appointment time.

ESTABLISHED PATIENT POLICY

Cancellation Policy

- Patients must provide at least 48 hours' notice if they need to cancel or reschedule an appointment.
- After three or more cancellations within a 12-month period, patients may be charged a cancellation fee (e.g., \$25 or a percentage of the visit cost).
- Exceptions may be made for emergencies or extenuating circumstances at the provider's discretion.

No-Show Policy

- A patient is considered a no-show if they fail to arrive for a scheduled appointment without 48 hours notice of cancellation.
- A no-show fee (e.g., \$50) may be charged. (excludes Medicaid and Tricare patients)
- After three or more no-shows, patients may be required to prepay for future visits or may be subject to dismissal from the practice.

Late Arrivals

- Patients arriving more than 15 minutes late may be asked to reschedule to avoid disrupting other appointments.
- If the provider can still accommodate the patient, the visit may be shortened to stay on schedule.

NEW PATIENT POLICY:

To reserve your initial appointment, our practice requires a \$50 deposit for all new patients. This deposit will be applied toward the cost of your first visit.

Deposit Terms:

- The \$50 deposit is **non-refundable** if you cancel with less than 48 business hours' notice or do not show for your appointment.
- If you cancel or reschedule at least 48 hours in advance, the deposit will be **fully refunded** or applied to your rescheduled appointment.
- Payment will be collected when appointment is scheduled.
- Exceptions may be made for emergencies or extenuating circumstances at the provider's discretion.

Referrals and Prior Authorizations

It is your responsibility to obtain referrals for the services provided within the Southeastern Rheumatology (SERA) practices. However, SERA will obtain any of the required prior authorizations for treatments or services provided within our practice.

Insurance and Billing

SERA is pleased to bill your primary and secondary health care plans on your behalf. You are ultimately responsible for your co-pay and any co-insurance related to your deductible at check-in for your appointment, as well as any remaining balance after insurance payments. Ancillary services rendered in our clinic, like ultrasound, lab, and/or x-ray, will be billed to you after your visit. We accept most insurance policies, but please contact your insurance company to verify we are an in-network provider. As the owner of the insurance policy, you are solely responsible for coverage policies under the plan and the accuracy of information on file.

Self-Pay

If you choose to pay for your medical care without utilizing insurance coverage, you will be considered Self Pay and charged for all services at our self-pay rate until we are notified otherwise.

Insurance Errors

If you believe your insurance company denied or processed a claim in error, please call us immediately. If your insurance company requests additional information from you, it is important to comply with their requests in a timely manner. If insurance does not pay a claim within 45 days of submission, the outstanding balance is billed to the patient and becomes the patient's responsibility. Should you pay more than what you are responsible, the overpayment will be applied as a credit on the account, and you may decide if the credit may be used at the next visit for services rendered or opt to receive a refund check.

Paying Your Bill

For your convenience, SERA accepts multiple forms of payment, including personal checks, money orders, Visa, MasterCard, Discover, American Express, and cash. Payment is accepted by phone, online, in person, and by mail. If we utilize lab processing through Quest Diagnostics or LabCorp, they will bill you directly for any outstanding out-of-pocket balances. Please contact them directly to discuss your bill.

Ability to Pay

Account balances should be paid in full by the statement due date. If you have circumstances that limit your ability to pay on your account balance and have exhausted other resources, please contact a member of the Billing Office. Failed attempts to contact patients by phone and/or mail about their unpaid balances to establish payment arrangements may lead to collections and/or discharge from the practice.

Accounts in Default

SERA will attempt to bill and collect from patients who are responsible for all or part of the cost of services provided by an SERA physician. After 90 days, if you have not made a payment on a bill or established a payment plan, SERA may initiate pre-collections by sending the patient a pre-collections notice. If SERA fails to collect or arrange payment from the patient, the patient may receive a final notice to pay. If SERA decides it is unreasonable to try to collect balances, a certified letter discharging the patient from our practice will be sent and the account referred to a primary collection's agency.

Disability Forms

There are many factors that are taken into account when completing a disability form. Therefore, it is at the discretion of the provider of whether it is appropriate for them to complete a disability form.

Signature of Patient or Patient's Legal Representative

Month / Day / Year

Printed Name of Patient or Legal Representative

Relationship to Patient