735 N. Main St. – Suite 1100
Alpharetta GA 30009
Ph: 678.827.9157 Fax: 470.299.6262

Financial Policy

Patient Name: ____ DOB ___________________

We sincerely thank you for choosing Milton Medical Group as your medical provider. We are dedicated professionals providing the best possible care to you and we want you to completely understand our financial policies.

Insurance: It is your responsibility to know your insurance benefits. Even though we take most of the major medical insurance plans, we may not be on that type of plan that your company has selected. As a courtesy to our patients we will file primary insurance forms from our office. At the time of service you will be responsible for all fees that are not covered by your insurance, including co-pays, co-insurance, deductibles and non-covered services or items received.

As a general policy, our office does not file any third party insurance (auto, home owners, or other liability insurance.)

No Insurance: Payment will be due at the time of service. If you are unable to pay your balance in full, you will need to make prior arrangements with our Billing Manager.

Disability, Insurance Forms, Attending Physician Statements, FMLA: There will be a charge of $20.00 for the completion of medical forms or you may be required to schedule an appointment. Payment is due at the time that you pick-up these forms.

Medical Records: We will provide you a copy of your medical records upon request and for a fee. You will need to sign a letter of release prior to having them copied. Please allow up to 30 days for this request to be processed.

Lab Work: A limited number of lab services will be billed by our office. All other services will be billed by the contracted lab. You may receive a bill from LabCorp or Quest Diagnostics. Please contact their billing department prior to calling our office.

Outstanding Balance: Patients with an outstanding balance 30 days or more overdue must make arrangements for payment prior to scheduling appointments. Patients with an outstanding balance 60 days or more will be turned over to our collection agency. Patients will be responsible for the balance plus any collection fees that accrue.

Missed appointments: We kindly ask that you give us a 24-hour notice if you need to cancel you appointment. Missed appointments will be charged a fee of $25.00. Chronic missed appointments may result in termination from our practice as a patient. This is determined by the provider.

Billing: If you receive a bill from us, it is because we believe the balance is your responsibility. Please contact your insurance company first, if you think there is a problem. If you have any questions about your bill, please call our billing department immediately. If you cannot pay your entire balance, please call to make payment arrangements.

I have read and understand this office financial policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.

Date: __________________ Signature: ____

Patient or Legally Authorized Representative