



Jay Medical & Rehab Works, PC

3457 Lawrenceville-Suwanee Rd., Suite C

Suwanee, GA 30024

678-714-8522 / Fax.678-714-8542

Patient Financial/Credit Policy

Effective: March 2003

Jay Medical & Rehab Works, PC, believes that in the interest of good health care practices, it is best to establish a patient account policy between our patients and ourselves in order to avoid any misunderstandings. Our account representatives will be glad to discuss your account with you at any time. Our primary responsibility is to deliver quality health care services. We wish to spend our time and energy toward that responsibility. We expect you to show us the same consideration as you do your other creditors, and to be honest and forthright regarding your financial responsibility.

(PLEASE INITIAL THE FOLLOWING:

_____ 1.) We expect that all co-pays, co-insurance and deductibles be paid in full at each visit. We accept cash, check, Debit/Check card, MasterCard, VISA, American Express and Discover. Any unpaid balance at time of service will be forwarded to an outside company for collection.

_____ 2.) We currently use an outside company to assist us in collecting balances due by our patients that are over 90 days old. It is important that you keep up with your statements and account balances and discuss the problems you may have satisfying your account with our Account Representative. You could be held responsible for expenses incurred in the collection of any past due balances.

_____ 3.) We file claims to your insurance company for your primary and secondary policies. Please remember insurance coverage is a coverage between patient and insurance company. When Jay Medical & Rehab Works, PC files for benefits for service performed, benefits are assigned to Jay Medical & Rehab Works, PC. Jay Medical & Rehab Works, PC will look to the patient for payment in full if insurance does not cover the service specified.

_____ 4.) We do not file any insurance with your Automobile Insurance company, or any other third party, (insurance company, employer, attorney, separated spouses, etc.) for purpose for obtaining payment. We will make every effort to provide you with proper documentation for you to receive reimbursement from this parties to pay when cases settle.

_____ 5.) In case of a minor (under the age of 18), it is the responsibility of the accompanying parent or legal guardian to see that payment are made at the time of the visit.

_____ 6.) A service charge of \$35.00 will be applied to returned checks. You will be asked to bring cash, money order or cashiers check to our office to cover the amount of the check plus the service charges. If you present two (2) checks that are returned to us, we will require cash for future service.

Patient/Guardian Signature

Date
