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FINANCIAL POLICY

We are all aware of the crisis to healthcare financing nationwide. Quality, personalized medical services may sometimes be expensive and we are working hard to contain costs on your behalf. There is much misunderstanding regarding the role of insurance and other “Third Party Payors” in the process. The following is an attempt to explain our policies in this regard:

1. Services are provided to patients, not to insurance companies. Private practice medicine is Fee-For-Service and implies a contract between patient and provider.
2. Insurance contracts are between companies and beneficiaries (patients) for reimbursement of certain covered expenses.
3. In cases where we do have contracts with managed care providers we will comply with your policy.
4. As a courtesy, we will file your claim(s) to the appropriate carrier. If we do not participate with your plan, payment is expected at the time of service. We accept Cash, Check, MasterCard, Visa, American Express and Discover.
5. All co-payments, deductible, co-insurance and balances are the patient’s responsibility and payment are expected at the time of service.
6. Please bring your insurance card(s) with you on each visit.
7. In order for our business office to file your insurance correctly, it is your responsibility to give the receptionist a copy of your most current insurance card.
8. Certain insurance policies require you to have a Referral Number to see a Specialist. This will need to be obtained from your Primary Care Physician in order to cover and pay your claims appropriately. If your referral has expired and you have not obtained a new referral, you will have to be rescheduled. It is your responsibility to provide the number at time of service or you will be liable for the charges in full.
9. Patients electing to be seen out of network will be responsible for payment at time of services.
10. Insurance coverage is determined by your contract with the company.
11. We will charge a No Show and Cancellation fee if no **contact with office staff** has been made to reschedule appointment within **24- business hour advanced notice**. Fees vary based on procedure.
12. In situations of severe financial hardship, this office will consider making special arrangements on a case-by-case basis. Please discuss this with our Practice Administrator at 404-994-4561 if you feel it applies to you.
13. We understand that some patients are not insured and have competitive Self Pay/Private Pay arrangements.
14. We are all here to serve and encourage you to communicate with our office should you have remaining questions, our staff is ready to help find the answers.

I hereby understand the financial policy of this office.

Print Name

Signature

Date