

Pulmonary and Sleep Medicine Center of Winder

20 Satellite Dr. Ste 200, Winder, GA 30680

Phone (770) 586-0300, Fax (770) 586-0311

Treatment and Payment Agreement

- Treatment Consent and Authorization:** I consent and authorize Pulmonary and Sleep Medicine Center of Winder (“PSMCW”) to examine me and perform all treatments for this and all following visits, including, without limitation, prescribed medications, performance of diagnostic procedures and laboratory tests as deemed necessary or advisable by the attending physician. This consent and authorization is given in advance of any specific diagnosis or treatment and is continuing until revoked in writing.
- Insurance Plan Benefits:** PSMCW participates with multiple insurance plans. Each insurance plan has different benefit packages and regulations. I understand, acknowledge and agree that it is my responsibility to be familiar with my insurance benefits and to advise PSMCW’s staff regarding my insurance coverage. **I understand, acknowledge and agree that I am fully responsible for all charges, including, without limitation, laboratory tests, that are not covered by my insurance policy.**
- Payment Agreement and Financial Patient Policies:** PSMCW will file the insurance claims(s) with my insurance carrier for services provided to me. I understand, acknowledge, and agree that PSMCW must collect my co-payments and deductibles at the time the service is rendered. I am required to present my insurance card at the time of the visit. Without a current insurance card, PSMCW will not be able to file my claims appropriately and I will be responsible for the payment of all charges. If my insurance coverage changes, I agree to notify PSMCW at the time of my visit. PSMCW may not be able to re-file claims, and I would be responsible for full payment.
- Laboratory Tests:** Laboratory tests are normally drawn at PSMCW’s offices. Some insurance companies require the patient to go to a particular laboratory. LabCorp performs the majority of PSMCW’s tests.
- Patient Fees for Other Services:** PSMCW has specific charges for missing appointments without a 24-hour advance notice, filling out medical forms, copying medical records when they are not going to a physician that either referred you to PSMCW or that PSMCW referred you to, returned checks, prescription refills that are requested over the phone (effective January 1, 2012) and also for family and patient meetings with the physician outside of your scheduled follow-up appointment. These charges are the patient’s responsibility and will not be billed to any insurance company. There will be a 5-10 business day turnaround for all records requests and medical forms. **Please initial next to each item that you understand, acknowledge and agree that you will be responsible for these charges should they be necessary.**

| Initial | Description of Service | Description of Billing | Cost of Service to Patient |
|----------------|----------------------------------|---|---|
| | No-Show Fee for Office Visit | Appointment missed without 24-hour advance notice to office | \$25.00 per occurrence |
| | No Show Fee for Sleep Study | Appointment missed without 24-hour advance notice to office | \$200.00 per occurrence |
| | Returned Check Fee | Check returned unpaid by bank | \$30 per occurrence/must pay using cash or credit for future visits |
| | Medical Records | Pages 1-20 | \$25.00 |
| | Medical Records Additional Pages | Pages 21+ | .50 per page + \$25 for first 20 pages |
| | Medical Forms Filled Out | 1-3 Pages | \$10 per form |
| | Medical Forms Filled Out | 3-6 Pages | \$20 per form |
| | Medical Forms Filled Out | 6+ Pages | \$25 per form |

Signature of Patient or Legal Guardian

Date of Birth

Print Name of Patient or Legal Guardian

Date