



Wade Naziri, MD

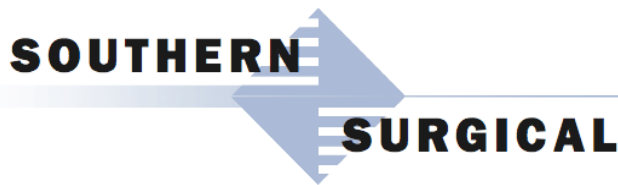
Southern Surgical Associates, PA
William Chapman, MD

Julie Johannes, PA-C

FINANCIAL POLICY

Thank you for choosing Southern Surgical Associates, PA for your medical care. We appreciate that you have entrusted us with your health care and we are committed to providing you with the best patient care possible. The following information is our practice's financial policy. This policy will outline our expectations for your financial responsibility to our office for services that have been provided. These policies are subject to change, but we will do our best to keep you informed.

- **Payments**
 - Full payment is required at the time of service. If you are unable to pay your portion your appointment will be rescheduled.
 - Copays are collected at check in.
 - Co-insurance is collected at check in if applicable.
 - Our office is considered a specialist.
 - We accept cash, check, money orders, and all major credit cards for office visits.
- **Self Pay Patients**
 - Full payment is required at the time of service.
 - For a new patient visit, the cost is normally about \$214.00.
- **Surgery**
 - Surgery deposits are due in full 1 week prior to your procedure.
 - We accept cash, money orders, and all major credit cards for this deposit. Checks are not accepted for surgery deposits.
 - Your surgery deposit will consist of your co-insurance amount. Our patient representative will contact you to notify you of this amount.
- **Endoscopy**
 - Your co-insurance amount is due prior to scheduling this procedure.
 - Our patient rep will contact you to notify you of this amount.
 - We accept cash, money orders, and all major credit cards for your endoscopy.
 - You may have an additional bill for this procedure from the facility.
- **Fees**
 - Returned checks are subject to a \$35.00 fee. We will only accept cash or credit card to settle your balance and for any future services.
 - FMLA/Disability forms are subject to a \$25.00 fee that will need to be paid in full before the forms can be completed. These forms will be processed in 7-10 business days.
 - Cancellation/No-show fees are subject to a \$100.00 fee. Our office requires a 24-hour notice if you are unable to keep your appointment. If this fee is applied to your account, it must be paid in full prior to rescheduling your appointment.



Southern Surgical Associates, PA

Wade Naziri, MD

William Chapman, MD

Julie Johannes, PA-C

-
- **Billing**
 - Our office will file your claim with your insurance. If after your insurance has paid in full and there is a balance remaining, you will receive a statement in the mail. Payment is due on receipt of the statement, within 30 days.
 - **Failure to pay**
 - If you do not pay your bill within 60 days, your account will be sent to an outside collection agency.
 - If you need to arrange a payment plan option, contact our office for more information.
 - If you have a collection or past due balance you must make a payment prior to being able to schedule an appointment with our office unless it is an emergency basis.
 - **Refunds**
 - A refund is issued when an overpayment is identified.
 - If you have on going treatment your refund may be applied to future visits.
 - If you feel a refund is due, please notify our office.
 - **Out of Network/Non-Covered Services**
 - If our office is not in network with your insurance or you receive services that are not covered, full payment is due at the time of service.
 - **Medicare Patients**
 - If Medicare does not cover a service recommended by your doctor, you are required to sign an ABN (Advanced Beneficiary Notice). This form will help you decide whether you want to receive services.
 - Medicare patients are required to meet their deductible yearly and pay their co-insurance amount of 20% at each visit unless there is supplemental insurance.
 - **Insurance**
 - Please present your most up to date insurance card at each visit to our office. Also, please verify your contact information.
 - Our office participates with most major insurance plans. Contact your insurance carrier or our office to verify if we are in network.
 - It is your responsibility as the patient to be informed about your insurance plan. If your insurance requires an authorization to see a specialist, please make sure it is in place prior to attending your appointment.
 - Our office is responsible for pre-certification and authorizations for surgery and procedures that we schedule. However, this is not a guarantee of payment and if your insurance denies the procedure the patient is responsible for payment.
 - If you are uncertain about your healthcare benefits, contact the customer service number on your insurance card or check your benefit booklet.