



# **SURGICAL GROUP OF JOHNSON CITY, MPC**

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## **FINANCIAL PAYMENT POLICY**

Thank you for choosing the Surgical Group of Johnson City as your health care provider. We are committed to providing successful treatment. Please understand that prompt payment of your bill is considered part of your treatment. The following is a statement of our financial policy, which we require you to read and sign prior to treatment.

**ALL PATIENTS MUST PAY THE APPLICABLE COPAY AND DEDUCTIBLE BEFORE SEEING THE PHYSICIAN.**

All patients must complete our information sheets before seeing the physician.

**INSURANCE:** We may accept assignment of insurance benefit from your health care plan. It is your responsibility to determine if we are a provider for your insurance. We will be glad to provide help with this when possible. The physician's service is provided directly to you and not the insurance company. The contract is between you and the insurance company and does not relieve you of financial responsibility for the bill. Any unpaid balance is from you and you will be held responsible for collecting from your insurance company. We will file claims for you (up to two claims per company). You will be responsible for any follow up regarding their payment.

If we are not participating providers with your insurance company, please refer to the above statement.

**METHODS OF PAYMENT:** We accept cash, check, VISA, and MASTER CARD. We will also offer an extended payment plan in the event of special needs. If your insurance plan has not paid your balance in full in 60 days, the balance must be paid in full by you or transferred to a credit card. If you do not have insurance or we are not a participating provider with your insurance plan, the full payment will be due prior to treatment.

**USUAL AND CUSTOMARY RATES:** Our practice is committed to the best treatment for our patient and our fees are usual and customary for this area. Please be aware that some insurance companies determine that our fees are above reasonable and customary. You are responsible for payment regardless of any insurance company's arbitrary determination of usual, reasonable or customary fees.

**SELF PAY BALANCES AND COLLECTION AGENCY:** We ask that you pay all self pay balances once the insurance has paid. If you have not paid your balance, you will need to clear that balance before seeing the physician again. If your account remains unpaid 60 days after the insurance has paid, then it will transfer to our collection agency for processing. Once an account has gone to the collection agency, you may not be seen in our office until the balance is paid in full.

MISSED APPOINTMENT: Please cancel any appointment that you are unable to keep at least 24 hours in advance. We reserve the right to charge for missed appointments at the rate of a normal office visit.

REMEMBER, WE ARE HERE TO HELP!!!

Thank you for understanding our financial policy. Please let us know if you have questions or concerns.

I HAVE READ THE FINANCIAL POLICY. I UNDERSTAND AND AGREE TO THIS FINANCIAL POLICY.

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SIGNATURE

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DATE