

GENERAL SURGICAL ASSOCIATES

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FINANCIAL POLICY

The doctors and staff of General Surgical Associates are dedicated to giving the best possible medical care. We want to serve you in a friendly and caring manner. You are important to us. With this in mind, we would like to explain our payment policy to you.

- 1.) We will file all insurance claims for you.
- 2.) We ask you to pay the patient portion (co-pay, co-insurance, deductible) for the office visit at the time of the service.
- 3.) If you have commercial insurance, we ask that you pay the office visit at the time of service.
- 4.) There are three ways you may pay:
 - a.) Cash
 - b.) Check
 - no post-dated checks will be accepted
 - \$35.00 fee will be assessed to your account for any NSF checks
 - c.) Credit Card
- 5.) If surgery is recommended, deductible requirements must be paid prior to scheduling your surgery. Payments must be collected three days in advance. Payment arrangements on "elective surgeries" can be negotiated but will be approved by the physician prior to scheduling your surgery. We understand that sometimes unexpected personal matters can affect existing commitments and for these situations we ask that cancellations for any surgery be communicated to our office in a timely manner (within 24 hrs. of scheduled surgery time). The Physicians, Hospitals (Operating Room), Anesthesiologist and Nursing Staff must be notified of the cancellation in order for other cases to proceed. Your account may be assessed a fee if surgeries are not cancelled within 24 hrs. or you may be discharged as a GSA patient if you chronically cancel your surgery.
- 6.) If for any reason your account is not paid in a timely manner your account can be forwarded to an outside agency for collections. It is not the intent of our physicians to negatively affect your finances but it is the patients' responsibility to communicate problems preventing timely payments.

Communication is essential in a good relationship and we will answer any questions you may have regarding our financial policy. Let us emphasize again, we are dedicated to you - our patient.

I have read and understand this financial policy.

Signature

Date