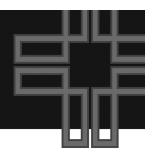
Patient Financial Responsibilities



Piedmont Physicians welcome you to its family of physicians and healthcare providers. We are pleased you have chosen us to care for you and we commit to enhance the value and quality of your care. This policy statement is intended to answer questions you may have regarding payment for services rendered at our facilities or in the hospital setting by members of the group. Your questions and comments are welcomed.

While we hope to maintain a longstanding relationship with you, we must ensure all patients follow our policies. Failure to adhere to these financial policies can result in dismissal from the practice.

Payment For Services

For your convenience, we accept cash, VISA, MasterCard, American Express, traveler's checks and personal checks. Starter checks are not accepted. A valid picture ID is required on all checks. If co-payments, coinsurances and/or deductibles are required by your insurance plan, they are due when services are rendered.

Self Pay Patients

The group welcomes self-paying patients when no insurance coverage is available for our services. Patients who have no insurance are asked to pay in full at the time of service. If for any reason you may be unable to pay in full at the time of service, speak with the office manager in advance of the visit to determine if reasonable payment arrangements can be established with the group.

INSURANCE COVERAGES

Your Physician's Participation With Your Insurance Plan

Our group accepts most major insurance plans. Prior to your initial visit with your physician, you should confirm that he or she participates with your personal insurance. If the physician does not participate with your insurance plan, you will be responsible for payment of all charges at the time of your visit. You will be provided a completed superbill listing all the pertinent information you will need to submit to your insurance plan for any reimbursement for which you may be eligible.

Current Insurance and Patient Demographic Information

If your physician participates with your insurance plan, we will file a claim on your behalf and only request payment at the time of service for any co-payments, deductibles, coinsurances or services that are not covered by your plan. For the group to file your insurance, we must have the current insurance coverage(s) and be made aware of any changes in either insurance or patient address or phone numbers. Please bring your insurance card to every visit so that we can confirm your coverage. A current copy of your card must be kept on the file in order for us to file insurance claims on your behalf.

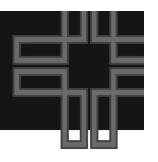
Patient Payment Responsibility For Non-Covered Services

In some cases, your insurance may not cover certain services or may have coverage limits in place. Limited coverage on routine, preventive healthcare is common among insurance plans. For this reason, we will provide you a form letter to complete by contacting your insurance plan and verifying the specific coverage you have prior to your preventive health visit. We may request payment for any known, non-covered services at the time of your visit; otherwise they will be billed to you at a later date.



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Patient Financial Responsibilities



Managed Care Patients

Patients with managed care health plans will be expected to follow the payment-at-time-of-service requirements of the particular plan under which they are covered. Managed care patients will not receive monthly statements except for services that are not covered by the plan.

Your managed care plan may require a **referral** from your PCP in order to pay for your visit to a specialist. Please make sure you have obtained any required referrals in advance of your visit. If your insurance plan requires a referral for your visit and we do not have one, we will notify you prior to the visit. If we are unable to obtain a referral while you wait, you will be given the option to pay for the visit out of pocket or reschedule the visit for a later date after the referral can be obtained.

Medicare Patients

Your physician accepts Medicare assignments on covered Medicare charges. Payment for the 20% Medicare coinsurance amount is expected at the time of service, unless you have supplemental insurance. Insurance will be filed with your supplemental carrier; however, any unpaid balances are expected to be paid by you within 60 days of filing the claim if the supplemental policy does not pay the group. Medicare patients will not receive monthly statements except for services that are either not covered or determined by Medicare to be not-medically-necessary.

The Medicare deductible or any non-covered charges is expected at the time of service unless you have secondary insurance accepted by the group (see "Secondary Insurance" policy below).

Medicare may not pay for certain services it determines to be medically unnecessary. If there is a possibility that a service to be provided to you may fall into this category, you will be asked to sign a form indicating that you acknowledge this possibility and that you agree to pay for all services Medicare determines to be medically unnecessary.

Medicaid Patients

Medicaid patients must show proof of current Georgia Medicaid eligibility (current Medicaid card or DMA 964 form) prior to seeing a physician. Co-payments are to be paid at the time of service. Medicaid patients will not receive monthly statements except for services that are not covered by Medicaid.

Secondary Insurance

We file secondary insurance only for plans accepted by the group. We also file Medigap insurance plans for our Medicare patients. We allow 60 days from the date of service for your secondary payer to pay. Beyond 60 days, unpaid secondary balances are patient responsibility.

Worker's Compensation Insurance

Validated worker's compensation services are billed either to the employer or the employer's carrier, depending on company policy. In the absence of validation by the employer of a work-related injury, the patient will be held responsible for payment for services rendered. Should the employer or carrier subsequently deny a validated worker's compensation service, such charges will be the financial responsibility of the patient.



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