

ROSSI & SHIREY, M.D., P.C.
699A PIEDMONT AVE., N.E.
ATLANTA, GA. 30308

PAYMENT POLICY

WELCOME TO ROSSI & SHIREY, M.D. THANK-YOU FOR CHOOSING US AS YOUR HEALTH CARE PROVIDER.

THE FOLLOWING PAYMENT PLAN IS INTENDED TO PROVIDE YOU WITH A CLEAR UNDERSTANDING OF YOUR OBLIGATION FOR PAYMENT OF SERVICES RENDERED.

IF YOU ARE A SELF-PAYING PATIENT:

- PAYMENT IS DUE AT TIME OF SERVICE
- FOR YOUR CONVENIENCE, WE ALSO ACCEPT DEBIT AND MAJOR CREDIT CARDS

IF YOU HAVE INSURANCE:

- ALL CO-PAYS ARE DUE AT TIME OF SERVICE
- WE WILL FILE YOUR CHARGES WITH YOUR PRIMARY INSURANCE
- YOU WILL RECEIVE A STATEMENT FOR ANY AMOUNT REMAINING AFTER INSURANCE HAS PAID. THIS WILL BE DUE FROM YOU
- CHARGES OUTSTANDING AFTER 45 DAYS WILL BE DUE, IN FULL, FROM YOU REGARDLESS OF THE STATUS OF YOUR INSURANCE.
- PLEASE BE ADVISED THAT YOU ARE ULTIMATELY RESPONSIBLE FOR YOUR BILL. PAYMENT IS NOT CONTIGENT ON OR DEPENDENT ON YOUR INSURANCE COMPANY

PLEASE INDICATE THAT YOU UNDERSTAND AND ACKNOWLEDGE THIS PAYMENT POLICY BY SIGNING AND DATING YOUR SIGNATURE.

PATIENT/GUARNTOR _____ DATE _____