



Northview Associates
Orthopaedic Surgery • Open MRI • Sports Medicine
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FINANCIAL POLICY

EFFECTIVE JULY 9, 2007

UPDATED AUGUST 27, 2008

- ◆ You and you alone are ultimately responsible for your bill.
- ◆ We file claims to your insurance carrier as a courtesy.
- ◆ Knowing your insurance benefits is your responsibility. Any questions concerning your coverage should be directed to your insurance company.
- ◆ Payment in full is required at the time of service. If your insurance company requires a co-payment, this must be paid at the time of service.
- ◆ “No Shows” or appointments canceled less than 24 hours prior to visit will be charged a fee of \$25.00. The same guidelines will apply to MRI and surgery appointments with the fee being \$50.00.
- ◆ You must have a current insurance card and photo ID for us to file claims on your behalf.
- ◆ It is your responsibility to notify us of any changes in your billing information. We will update your information yearly and you will be required to repeat some forms.
- ◆ We accept cash, check, money orders, VISA, Master Card, American Express, and Discover.
- ◆ Returned checks are subject to a \$30.00 return check fee.
- ◆ You are responsible for the timely payment of your account. Further fees will be charged if outside collection agencies are employed.

Patient/Guardian Signature _____ Date _____