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Family Medicine

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WellStar Family Medicine Financial Policy

We are committed to meeting your health care needs. Our goals are to keep your insurance or other financial arrangements as simple as possible. In order to accomplish this in a cost-effective manner, we ask that you adhere to the following guidelines:

1. A current copy of your insurance card and picture ID must be presented at each visit. Any charges unpaid by your insurance based on your failure to provide a current insurance card will be your responsibility. If your insurance plans requires a PCP—make sure to update the name on your card to reflect the provider your are seeing.
2. Payment for services including any deductibles and coinsurance is expected at the time of service and must be paid at check-in. *Co-pays are not subject to payment arrangements.*
3. We will file your insurance for you if the physician is a 'participating provider' with your plan. You will be responsible for any and all services in excess of your insurance limits as well as non-covered services. Estimated balances are due at the time of service.
4. **A \$30 NO-SHOW FEE FOR APPOINTMENTS NOT CANCELLED WITH A MINIMUM 24 HRS NOTICE.**
5. We do not accept 'Discount Plans'
6. Payment arrangements are available however need to be made before the account is delinquent. Please ask to speak to our billing coordinator.
7. All outstanding balances beyond 90 days from the date of service are subject to referral to an outside collection agency.
8. Balances left unpaid by your insurance company after 60 days for any reason are your responsibility. We will be glad to provide any necessary help you might need to get your claim paid so that you will be reimbursed by WellStar. After 90 days, your account will be subject to collection agency referral

I understand that my insurance benefits are subject to change yearly, as my policy renews or if I change insurance plans and it is my responsibility to understand my benefits, I acknowledge that I understand and made aware of the financial policy of this practice.

Signature

Printed Name

Date