

CHRISTOPHER E. DOERR, D.O.
PHYSICIANS BACK AND NECK CLINIC

OFFICE PAYMENT POLICY

We are happy to file your insurance claims for our services. Please make sure we have ALL of your insurance information. Our office will verify insurance information. Please note that benefits quoted by your insurance company are not a guarantee of payment. After 60 days any balance still outstanding on your account regardless of any insurance claim, becomes your responsibility and we expect payment in full at that time. Should this happen, we would appreciate your contacting your insurance company, as Georgia law requires either payment or a written explanation for nonpayment within 60 days of filing. If you are unable to pay your outstanding balance in full at that time, please call us to arrange monthly payments. You will be required to sign a payment plan agreement at that time.

FINANCIAL AGREEMENT

The undersigned agrees that in consideration of the services to be rendered to the patient, he/she hereby individually obligates himself/herself to pay the account of the physician in accordance with the regular rates and terms of the physician. Should the account be referred to an attorney for collection, the undersigned shall pay reasonable attorney's fees and all collection expenses.

I agree to notify Physicians Back and Neck Clinic if my insurance company/coverage should be cancelled or change.

Thank you.

I have read and I understand the above policy and I agree to abide by these terms.

Patient's Signature (Parent's signature if patient is a minor)

Date