



PATIENT INFORMATION REGARDING BILLING PROCEDURES

For the Facility checked below:

- HyperbaRXs at Kennestone (d.b.a. Cobb Hyperbaric Medicine)
 - HyperbaRXs at Lithonia (d.b.a. DeKalb Hyperbaric Medicine & Wound Care Center)
 - HyperbaRXs at Northside Forsyth (d.b.a. North Georgia Center for Hyperbaric Medicine & Wound Care)
 - HyperbaRXs at Saint Joseph's (d.b.a. Hyperbaric Medicine of North Atlanta)
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We are pleased to have the opportunity to provide medical services to you. This is a brief explanation of how this practice/facility will handle billing for services.

All procedures, visits, dressing changes, diagnostic tests, and facility charges will be filed with your insurance company. **YOU WILL RECEIVE 2 BILLS FOR SERVICES RENDERED: (1) FROM THE PHYSICIAN WITH HYPERBARIC PHYSICIANS OF GEORGIA, AND (2) FROM THE FACILITY WHERE YOU RECEIVE TREATMENT (LISTED AT TOP OF THIS FORM). YOU WILL BE RESPONSIBLE FOR YOUR CO-PAYMENTS.** These are filed on a weekly basis. While we have contracts with many insurers, there are some insurers who feel no need to have preferred providers for Hyperbaric Medicine. This is the choice of the insurer.

We will check your eligibility with your insurer. We will obtain authorization for treatment from your insurance company, when required. It will be your responsibility to maintain benefits throughout your treatment. Please be advised that even with pre-authorization, payment of benefits by your insurance company is not guaranteed.

For those patients who have insurance with companies with whom we are contracted, we will accept the usual and customary rate for reimbursement. Depending on your specific contract, you may be responsible for co-payments and any other part of the contracted fee not included.

Georgia State law requires insurance companies to reimburse providers within 30 days of receiving claims. After 60 days, if payment has not been received, this responsibility becomes the patient's. We will be happy to assist you in your efforts with your insurance company.

I understand and accept these policies and procedures stated above.

(Name of Patient/Representative)

(Date)