

# Gallatin Family Practice Center

## Patient Agreement

**Limitation of Practice:** Patient understands that Gallatin Family Practice Center is limited to the practice of Family Medicine.

**Patient Consent:** Patient hereby gives consent, if needed, for drawing blood samples for diagnosis or in case of accidental puncture or exposure to medical personnel during my course of treatment either in the offices or in the hospital. These tests may include AIDS testing.

**Emergency Room Visits:** If a patient seeks care in an emergency room, the patient must contact Gallatin Family Practice Center within 24 hours for insurance pre-certification. Failure to do this may result in a reduction of insurance payment.

## Collection Policy

### Insurance Claims Filing

*In all cases, the patient is responsible for payment of their account. As a courtesy Gallatin Family Practice Center will file a claim to the patients insurance coverage.*

**Assignment and Release:** Patient hereby authorizes and assigns applicable insurance benefits to be paid directly to the practice. Patient is financially responsible for non-covered services. Patient authorizes release of information necessary to process insurance claims. Patient authorizes photographs to be restricted for medical, education, or insurance purposes and information released to other practitioners in good faith effort for my medical care.

**Medicare:** Patient requests that payment of authorized Medicare benefits be made either to the patient or on the patient's behalf to Gallatin Family Practice Center and their associates for any services furnished the patient by that physician. Patient authorizes any holder of medical information about the patient to release to the Health Care Financing Administration (Medicare) or its agents any information needed to determine these benefits payable for related services. This form is not to be used by the patient for Medicare reimbursement.

### Managed Care Plans and Referrals

Managed care plans (e.g. HMO's) may require pre-authorization before the physician can perform certain procedures. The patient is responsible for pre-authorization, not this office. Failure to have a pre-authorization prior to service will result in reduced benefits by the managed care plan. Therefore, the patient is responsible for any balance not paid by the coverage plan.

### Co-Payments

In all cases, the patient is responsible for making co-payments at the time of the patient visit in the form of cash or check. If a co-payment is not made at the time of the patient's visit, Gallatin Family Practice Center reserves the right to require co-payment to be made prior to all future patient visits.

**Gallatin Family Practice Center  
Dr. Subir Guha  
608 Commons Drive, Gallatin, TN 37066**

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## Maximum 30 Day Period for Unpaid Balances

Patient Balances are due 30 days after insurance coverage payment has been made. In the alternative, the patient must make acceptable payment arrangements by contacting the Administrator at Gallatin Family Practice Center. Balances may be paid via cash or check.

## Unpaid Balances

If for any reason the patient cannot make scheduled payments, the patient must immediately contact the Administrator at Gallatin Family Practice Center to make acceptable arrangements. Gallatin Family Practice Center reserves the right to refer all unpaid accounts to collection agencies. Any fees associated with collection, including collection agency contingency fees, attorney's fees, and/or court costs, will be added to the patient's account balance. After accounts are placed with collection agencies, all patient visits and procedures will be on a cash only basis.

## Service Charge

Gallatin Family Practice Center reserves the right to assess a service charge, not to exceed \$20 per month, to a patient account for any unpaid balance over 30 days after the insurance coverage has been paid. No service charges will be assessed to the patient's account where the patient has made payment arrangements with the Administrator and payments are being made as agreed.

## Cancellation Policy

Gallatin Family Practice Center reserves the right to charge \$20 for any "no show" unless the cancellation is made 24 hours before the appointment. This money will be billed directly to the patient and not to the insurance company. Emergency situations will be evaluated on an individual basis per Dr. Guha and Dr. Mauras.

Provider Signature	_____	Date	_____
Patient Signature	_____	Date	_____

**ALL QUESTIONS CONCERNING THESE POLICIES  
SHOULD BE DIRECTED TO THE ADMINISTRATOR.**