

North Georgia Podiatric Medicine & Surgery P.C.
958A Joe Frank Harris Parkway Suite 106
Cartersville, Georgia 30120

OFFICE POLICY

We accept most insurance plans, however, there are plans with which we are not a participating provider. It is the patient's responsibility to ensure that we are a participating provider for their insurance plan. All copays and deductibles are due at time of service. Financial arrangements must be made prior to treatment.

We do verify coverage for orthotics, braces and office surgery but that is not a guarantee that your insurance will pay for these services. In that event the patient is responsible for the charges.

If your insurance requires a referral it is the patient's responsibility to obtain the referral. If a referral is required by your Insurance plan they will not cover your visit without it.

We understand that emergencies arise and you may need to reschedule your appointment. In fairness to other patients we require at least 24 hours notice. There maybe a charge for all no shows and appointments cancelled less than 24 hours.

Assignment of insurance benefits: I hereby assign all medical and/or surgical benefits to which I am entitled, private insurance and any other health plan to North Georgia Podiatric Medicine & Surgery P.C. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information necessary to secure the payment.

Signature of patient
(parent or guardian if patient is a minor)

Date