



Northview Associates  
 Orthopaedic Surgery • Open MRI • Sports Medicine  
 DR. G ALAN BINKLEY • DR. DAVID P. HOCHSCHILD  
 RAY POLK, P.A.  
 70 ANSLEY DRIVE, DAHLONEGA, GA 30533  
 (706) 864-7904 Phone

## FINANCIAL POLICY

EFFECTIVE JULY 9, 2007  
 UPDATED SEPTEMBER 16, 2009

- ◆ You and you alone are ultimately responsible for your bill.
- ◆ We file claims to your insurance carrier as a courtesy.
- ◆ Knowing your insurance benefits is your responsibility. Any questions concerning your coverage should be directed to your insurance company.
- ◆ Payment in full is required at the time of service. If your insurance company requires a co-payment, this must be paid at the time of service.
- ◆ “No Shows” or appointments canceled less than 24 hours prior to visit will be charged a fee of \$25.00. The same guidelines will apply to MRI and surgery appointments with the fee being \$50.00.
- ◆ You must have a current insurance card and photo ID for us to file claims on your behalf.
- ◆ It is your responsibility to notify us of any changes in your billing information. We will update your information yearly and you will be required to repeat some forms.
- ◆ We accept cash, check, money orders, VISA, Master Card, American Express, and Discover.
- ◆ Returned checks are subject to a \$30.00 return check fee. Declined credit cards are subject to a \$40.00 declined credit card fee and any additional fees charged to Northview Associates by your credit card or processing company.
- ◆ You are responsible for the timely payment of your account. If you are turned into a collection agency, you will be responsible for paying your balance in full and a 35% surcharge for collection agency fees.
- ◆ Medical Records, Miscellaneous Forms, and Disability paperwork may take up to 5 business days for completion. There is a \$20.00 charge for the first page and \$5.00 for each additional page.

Patient's Name (please print) \_\_\_\_\_

Patient / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_