

Surgical Associates of Atlanta, P.C.  
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**PATIENT RESPONSIBILITY**

In today's healthcare politics, it seems as if insurance companies have ultimate control over patients and physicians. As healthcare providers, we are committed to serving, treating, and caring for the people that are in need. We grapple with insurance companies and their red tape every day, simply to authorize a surgical procedure or obtain a referral so that they will cover the bills. We must also meet the challenge of educating patients on their insurance policies. However, we must protect ourselves, as well as the patients, when it comes to insurance and delinquent payments. Please carefully read the paragraph below and sign on the line provided. If you have any questions, we will be happy to assist you.

I, \_\_\_\_\_, have chosen to be a patient of Surgical Associates of Atlanta. I understand that Surgical Associates of Atlanta is rendering to me the service of educated and quality healthcare. I have supplied to Surgical Associates of Atlanta my correct insurance information so that they may bill my insurance company for payment. I understand that my insurance company will pay all or a portion of my physician's bill. In the event that only a portion of my bill is paid by insurance, the remainder that is billable to me is my legal responsibility to pay to the physician for services rendered. I understand that if I am responsible for a large sum, I am able to set up a payment plan with Surgical Associates of Atlanta. This payment plan will be monthly installments until the account is paid in full. If a payment in an agreed payment plan is 30 (thirty) days past due, 20% of the bill will be added to the total bill, so on for 60 (sixty) days, 90 (ninety) days, etc. If I am unable to make a payment, I am to contact Surgical Associates of Atlanta so that a note can be entered in my account, and I will not be charged the 20%. If my account exceeds 120 days past due, and I have not contacted Surgical Associates of Atlanta, I understand that I will receive a 10 (ten) business day final notice by mail. If at the end of the 10 (ten) business days I have not contacted Surgical Associates of Atlanta, my account will be referred to a collection agency for procurement of the monies due. I understand that I am welcome to contact Surgical Associates of Atlanta with an questions regarding my healthcare or my account.

Signature

SS#

Date