

W. STEVEN WILSON, M.D
129 CARL VINSON PARKWAY
WARNER ROBINS, GA 31088

Financial Payment Policy

Thank you for choosing us as your HealthCare provider. We appreciate the opportunity to serve you. As part of our service, we try to contain the ever-rising costs of Health Care. In an effort to do this, we have implemented a Revised Financial Policy.

- ALL PATIENTS INFORMATION MUST BE COMPLETED BEFORE SEEING DOCTOR
- COPAYS AND DEDUCTIBLE MUST BE PAID AT TIME OF SERVICE
- WE ACCEPT CASH, CHECKS, VISA/MASTERCARD AND AMEX

Regarding Insurance

The doctor provides a service to you and not to an insurance company. We file insurance strictly as a courtesy to you, our patient. We cannot render services on the assumption that charges will be paid by the insurance company. The balance is your responsibility whether the insurance company pays or not.

Regarding Insurance Plans Where We Are A Participating Provider

All copays and deductibles must be paid at time of service. In order to qualify for this benefit, we must have a copy of your insurance card with copayment amount.

Adult Patients

Adult patients are responsible for full payment at time of service.

Minor Patients

NO patient under the age of 18 will be seen without consent of a parent or legal guardian. The parent or legal guardian is responsible for full payment at time of service.

Special Needs

Special Needs are understood by this office. It may be necessary to set up a payment plan where unusual or unexpected circumstances are involved. If this applies to you, please contact our *Billing Department* as soon as possible. WE ARE HERE TO HELP!!!

Delinquent Accounts

Delinquent accounts will be assessed a \$35.00 late fee and collection action may be taken.

Missed Appointments

We will assess a \$35.00 NO SHOW fee after the 3rd occurrence of missed appointments.

I UNDERSTAND THE FINANCIAL POLICY OF THIS OFFICE.

Signature _____

Date _____