

Routine Physical Policy

You have made an appointment for a Routine Examination. Depending on the specifics of your particular policy, your insurance carrier may pay all, part or none of the cost of this examination. It is the responsibility of the insured to be aware of the coverage limitations of his or her insurance plan prior to this examination. Any charges not covered by the insurance carrier will be the responsibility of the patient.

In addition to your Routine Examination, it may be necessary for our Physicians to provide a problem oriented service. In the event that you have not met your deductible, you may be responsible for a portion of this additional service.

Anything you discuss with your provider that does not fall under a Routine Examination will be considered problem oriented. Also, if upon examination, the provider discovers a problem that does not fall under a Routine Examination, it will be considered problem oriented.

If you have any questions regarding this policy please contact the billing department at 770-395-1130 X 224

Please sign this form to indicate your acknowledgement of these terms and bring it with you to your scheduled appointment.

Please Print Name

Date of Birth

Patient Signature

Date