



Financial Policy

We appreciate your confidence in choosing our providers to meet your healthcare needs. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. Please read the following statement of our financial policy, which is required for you to read and sign prior to any treatment.

_____ All co-pays and deductibles are due at the time of service. FULL payment is required without insurance coverage.

_____ It is the patient's responsibility to check with your insurance company for verification of benefits on any procedures, labs, co-pays, etc. prior to any appointments.

_____ It is the patient's responsibility to give us the correct information, such as changes to insurance, phone numbers, address, or job.

_____ Our responsibility is to file the insurance that the patient has provided in a timely manner.

_____ Due to today's changing healthcare environment and current economic climate, it has become an increased burden for Cornerstone Medical Associates, LLC to extend credit. We accept cash, checks, credit and debit cards. It is our policy to collect co-pays and coinsurance at the time of service. We do understand that occasionally unplanned circumstances arise. We are willing to work with you if you contact our billing department at (478) 751-2580 extensions 224, 211 or 223. However, if no payment is made on your account in any 60 day period, your account will be outsourced and an additional 30% service charge will be added to your balance. In some circumstances legal fees may be incurred and these would become your responsibility.

_____ Dr. Taube's office does not do the billing. Billing services are provided by a billing department outside of his office. If you have any questions on your bill, please call the number above or e-mail them to billing@cstonemed.com.

*I have read and understood Cornerstone Medical Associates, LLC Financial Policy
as written above.*

Patient's Name (please print): _____ Date: _____

Patient's Signature: _____

Guarantor's Name (please print): _____ SS#: _____