

CATHY T. LARRIMORE, MD AND ASSOCIATES

OBSTETRICS AND GYNECOLOGY
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POLICIES AND CONSENT

Whether you have commercial insurance coverage or government assistance, we are pleased to provide your medical care. Please read and understand our financial policy. If you have questions or concerns, our staff will be happy to answer your questions.

- ❖ As a courtesy to you, we will file your insurance claims for our services
- ❖ By law, we are required to collect your co-payment which we collect before you see the provider at each visit.
- ❖ If you have a deductible, it must be paid at the time of visit
- ❖ Depending on your coverage, you may be responsible for a percentage of the charge, payable at the time of visit
- ❖ For services not covered, the practice requires payment at time of service, unless a payment plan is in place
- ❖ Balances over ninety (90) days old may be placed with our collection agency and all fees charged by agency will be added to your balance. Because we realize that temporary financial problems occur, we are willing to work with you regarding your account. Contact us promptly if problems arise.
- ❖ There is a twenty five dollar (\$25.00) fee for checks not honored by your bank. We do not redeposit checks

CONSENT: I understand your practice is not a party to the contract between me and my insurance carrier. **It is my responsibility to know what services my insurance covers, what services need pre-certification and how much my insurance will pay for services.** I am aware that not all services are covered by insurance. Each individual carrier decides which services will be covered. I may be responsible for charges not covered by my insurance carrier. Even though every effort will be made to collect from my insurance carrier, the ultimate responsibility for charges is mine. I will let you know immediately about any changes in my insurance coverage.

I give Newton Health System, Inc. dba Cathy T. Larrimore, MD & Associates which includes Cathy T. Larrimore, MD, Erinne A. Graham, MD, Patricia Detzel, CNM and Kerry Dewberry, WHNP and staff consent to provide such diagnostic procedures, treatment and care as, in the opinion of the provider, may be necessary or appropriate. I understand that medicine is not an exact science and no guarantee has been made as to the results of the treatment or care rendered.

I consent and authorize Newton Health System, Inc. dba Cathy T. Larrimore, MD & Associates to use and disclose any medical information deemed necessary and without restriction.

I authorize direct payment of medical benefits to Newton Health System, Inc. dba Cathy T. Larrimore, MD & Associates for services rendered.

PLEASE READ CAREFULLY: I understand that I am financially responsible for any balance not covered by insurance, including services rendered by a provider. In addition, if my Medicaid, Georgia Better Healthcare, Peachcare, Peachstate, Wellcare, Amerigroup, or any other insurance is terminated during the time of my date of service, I will be billed and held financially responsible for the balance. Failure to pay may result in any future appointments being cancelled and/or being fired from the practice.

I have read and understand these Policies and Consents. By signing this consent, I acknowledge that I have been offered a copy of this consent form.

Patient/Parent/Guardian Signature

Date

Print name

Witness