



**RANGE
OF MOTION**
ATLANTA, GEORGIA

Financial Policy

Thank you for choosing Range of Motion as your service provider. Please understand that payment of your bill is part of your treatment and service provided. The following is provided as a courtesy to help you understand your financial responsibility for services provided by Range of Motion. This document does not cover all situations and should not be taken as such. We make every attempt to verify your insurance benefits before or by the date your services are rendered. However, insurance verification or authorization IS NOT a guarantee of payment. This only allows us to give you an estimate of what you may or may not owe at or before the time your service is rendered. Any charges not covered by your insurance plan are your responsibility. Your patient responsibility amount is subject to change based on the final processing of your claim by your insurance company, therefore you may receive an additional bill after your claim has processed. Every patient has the right to accept or decline at the time services are being rendered.

If you have Insurance that we are in-network with:

Patient amounts are due on or before the date services are rendered.

- Covered Services Patient amounts are due on or before the date services are rendered; this can include deductibles, co-pays, co-insurance
- Non-Covered Services Patient amounts are due on or before the date services are rendered

If you have Insurance that we are NOT in-network with:

Patient amounts are due on or before the date services are rendered.

- Covered Services Patient amounts are due on or before the date services are rendered; this can include out of network deductibles, co-pays, co-insurance
- Non-Covered Services Patient amounts are due on or before the date services are rendered

Workers Compensation:

- It is your responsibility to provide us with the detail needed to obtain approval for services prescribed by your physician. Claim Adjuster name and number, your claim number and date of injury.
- Any services not authorized are the patient's responsibility and payment is due on or before the date services are rendered.

Acceptable Forms of Payment:

You may pay your patient amount by: Cash, Check, Money Order and Credit Card.

Returned check fee: \$30.00 or state maximum, if less or more.

Please call the office at (770) 991-4417 if you have any questions or concerns. Thank You.