

Thank you for choosing G&G Healthcare, P.C. as your health care provider. Your clear understanding of our policies is important to our professional relationship. Please ask if you have any questions regarding our fees, policies, or your responsibilities.

## Financial Policy

**Insurance Claims.** In order to properly bill your insurance carrier, we require that you disclose **all** insurance, as well as, any change of insurance information including coordination of benefits. Please present your insurance card(s) at each time of service. You will be responsible for payment of all costs not covered by your insurance.

**Payment Methods.** Cash, credit/debit card, check, or money order.

**Copay, Coinsurance, Deductible, Existing balance.** Copays, coinsurance, and deductible amounts are the patient's responsibility. Patients who have an existing balance must pay off the balance prior to an office visit.

## No Show Policy

**Effective 1/1/2022, a No Show fee of \$50 will be charged for a missed appointment without a 24 hour notice.** If rescheduled, the appointment must be at least one week from the original appointment date.

Once a No Show fee has been charged to a patient's account, it must be paid prior to scheduling the next appointment.

**(No Show fees are not covered by insurance.)** New patient no shows will not be rescheduled.

*These policies help us provide quality care. If you have questions or need clarification on either policy, please feel free to contact us.*