



Statesboro Urgent Care
DEFINING A BILLING ARRANGEMENT WITH YOUR ORGANIZATION

Thank you for choosing Statesboro Urgent Care for your workplace healthcare needs. We look forward to working with you and will strive to provide the highest quality responsible occupational healthcare for your organization and your employees. Below is an explanation of our billing and reimbursement processes and the different options you may choose to select as the employer – both for injury and non-injury services. Please take a moment to review the various options and indicate the preferred method in which you would like invoices submitted for payment. By indicating your preference below, it will ensure that invoices are delivered in a timely and appropriate manner.

Injury Care Billing

- Services for injury care will be billed on the HICFA-1500 as mandated by state law. Payment is due within thirty (30) days of receipt for all bills. Bills not paid within 30 days will be re-billed according to service dates outstanding. If multiple visits are outstanding, multiple HCFA's will be generated. Accounts remaining unpaid after ninety (90) days may result in account placement with a collection agency. In addition, future services will be rendered on a cash basis only.
- Worker's Compensation insurance will be billed
Worker's Compensation insurance name: _____

Address: _____

Phone: _____

Policy #: _____

Non-Injury Services Billing

Invoices for non-injury services will be sent within five (5) business days from the date the service(s) were performed and will include information necessary for proper processing: employee names, social security number, date(s) of service, description of services provided, and associated costs. The total amount of the invoice is due on the date of receipt and will be considered delinquent after thirty (30) days. Any invoices that are not paid within thirty (30) days will be re-billed monthly until payment is made. If your account is unpaid after ninety (90) days may result in account placement with a collection agency. In addition, future services will be rendered on a cash only basis.

Please make checks payable to Statesboro Urgent Care. When making the payment please use the patient's name and date of birth as a reference.

Please notify us of any changes to your billing preferences. If there are any discrepancies with your billing and/or have any questions or concerns, please contact our Billing Department.

This is not a contract. By signing below, you are indicating that you have read and understand DocNow's billing policies and procedures. Thank you for allowing us to serve you.

Company Name: _____

Company Representative: _____

Signature: _____

Date: _____

Statesboro Urgent Care Representative: _____

