

Northeast Georgia Podiatry, P.C

590 South Enota Dr NE

Gainesville, GA 30501

Phone: 678-465-7180

We would like to thank you for choosing our practice for your foot and ankle needs. We will do our best to assure that you receive competent, caring service. Below is a list of our general office policies. These policies are important to run an efficient office and to provide the excellent care that you deserve.

APPOINTMENT SCHEDULING:

We ask that you give us at least 24 hours notice if you need to reschedule an appointment, so that another patient can fill that time slot. Although we understand that emergencies do arise, we ask for your cooperation in rescheduling as soon as possible if you cannot keep your appointment,

INSURANCE CLAIMS :

As a courtesy to you, we will submit your insurance claims. Assignment of benefits is to be made payable to our office. However, we ask you to pay your co-pay and deductible (if applicable) at the time of your service. Furthermore, payment is expected the day of the service for all self pay patients.

PAYMENT OF FEES:

Payment of fees for which the patient is responsible is required at the time of service. Checks, Credit Cards (except Discover) and cash are accepted. There will be a \$25.00 fee for returned checks. Any unpaid balances will accrue a charge of 1.5%. If it becomes necessary to forward your account information to a collection agency, the patient is responsible for all cost related to the collection process.

AUTHORIZATION TO RELEASE INFORMATION

In order to file insurance claims, it is necessary to release information to the insurance company regarding examination and treatment.

I have read the office policy and hereby agree to the release of information as necessary regarding my treatment. I agree to assign benefits to Northeast Georgia Podiatry P.C. so that insurance claims may be files on my behalf. I also acknowledge my financial responsibility for co-payments, deductibles and non-covered services.

Signature of Patient or authorized representative

Date

Print Name