

**INFECTIOUS DISEASES ASSOCIATES  
FINANCIAL POLICY**

We are committed to meeting your healthcare needs. Our goal is to keep your insurance or other financial arrangements as simple as possible. In order to accomplish this in a cost-effective manner, we ask that you adhere to the following guidelines:

1. You are ultimately responsible for payment of charges for services you receive from our office.
2. It is your responsibility to provide us with your current address, telephone number and insurance information at each visit
3. It is your responsibility to contact your insurance carrier to confirm that the doctor you are seeing is a participant of your plan.
4. If your plan requires a referral number or prior authorization, it is your responsibility to obtain this prior to being seen by the doctor.
5. All co-payments are due at the time of service. A \$20 service fee will be charged for failure to pay the co-payment at the time of service.
6. Failure to keep your scheduled appointment without 24 (twenty-four) hours notice will result in a \$25.00 charge. This charge will not be filed to your insurance company and must be paid in full before another appointment is scheduled.
7. Medicare Recipients: We are a participating Medicare practice and thus, will file your Medicare claim. If you have supplemental coverage, we will also file ONE supplemental plan. During the months of January, February and March, it is our policy to collect in full your \$100 deductible and the 20% co-payment. This holds true regardless of the availability of supplemental coverage or payment of your deductible to other physicians or providers.
8. If you are experiencing personal circumstances that will make the payment of our charges difficult for you, please contact one of our Patient Account Representatives at (770) 991-1500.
9. There will be \$25.00 service charge for any returned check. If this office receives two (2) returned checks, we will no longer accept personal checks from that patient.

I acknowledge that I understand and accept this financial policy.

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Signature	Date	Relationship to Patient
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For your convenience, we accept cash, personal checks, VISA and MasterCard.

We look forward to being of service to you now and for years to come.  
The Physicians and Staff of Infectious Diseases Associates