



DERMATOLOGY ASSOCIATES of GEORGIA

FINANCIAL POLICY

We are committed to meeting your health care 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.

- All co- payments are due at time of services.
- We will file your insurance for you if we are a participating provider of your plan.
- You will be responsible for any and all services in excess of your insurance limits as well as all non- covered services.
- If we are not participating providers of your plan, full payment is due at the time of services, unless prior arrangements have been made. We will give you complete forms that will be accepted by your insurance company for reimbursement.
- Broken appointments and appointments cancelled with less than 24 hours notice may result in a charge.
- Refile fee; insurance cards presented with **INVALID INFORMATION** causing the claim to be returned, will be subject to a refile fee-per claim, per filing.

We will mail to you a monthly statement for any outstanding balances.

Signature

Date