



# 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 copayments are due at the time of service.
- We will file your insurance for you if we are a participating provider with your plan.
- You will be responsible for any and all services in excess of your Insurance limits, as well as non-covered services.
- If we are not participating providers of your plan, full payment is due at the time of service, 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 a monthly statement for any outstanding balance.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature of Guarantor: \_\_\_\_\_ Date: \_\_\_\_\_

**Decatur**  
1951 Clairmont Road  
Decatur, GA 30033  
404-321-4600 • Fax 404-320-0987

**Johns Creek**  
4285 Johns Creek Parkway  
Suite A  
Suwanee, GA 30024  
770-622-4412 • Fax 770-622-4191

**DeKalb Medical Center**  
2665 North Decatur Road  
Suite 650  
Decatur, GA 30033  
404-508-0566 • Fax 404-508-0567

**Piedmont**  
2061 Peachtree Road N.E.  
Suite 400  
Atlanta, GA 30309  
404-554-0810 • Fax 404-554-0348

**Monroe**  
201 Michael Etchison Road  
Monroe, GA 30655  
770-267-5877 • Fax 770-207-4944