



*Georgia Infectious Diseases, P.C.*  
*5671 Peachtree Dunwoody Road, Suite 300*  
*Atlanta, Georgia 30342*

Part 2

## Office Policy and Procedures

We are considered to be a third party with your insurance company. Please understand that the Explanation of Benefit we receive from your insurance company is how we apply any payment or deductible to your account.

We are not responsible for any discrepancies with your insurance company. We will help with any appeals process that is initiated by you the insured with any medical records for our Physicians ONLY!

YOU the patient are required to obtain a **(pre-authorization)** for all Office Visits. We will help if needed when contacted by your Primary Care Physician. You will be responsible for the full payment of the visit if the authorization is not obtained for the visit.

After 120 days your account will automatically go to Outside Collections. We will no longer be able to handle your account.

Return Checks will be subject to a \$35.00 NSF Charge. This fee is assessed to us by our bank and you are responsible.

Patient Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Office Staff Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_