Georgia Infectious Diseases, P.C.
5673 Peachtree Dunwoody Road, Suite 600
Atlanta, Georgia 30342

Part 1

Office Policy and Procedures

Our Administrative office hours are Monday – Friday 8:00- 4:30p to assist you. We have varied clinic hours according to the following schedule:

Dr. Mitchell Blass, M.D.

- Monday- 12:30-3:30
- Tuesday- 12:30-3:30
- Wednesday- 12:30-3:30
- Thursday- Off NO OFFICE HOURS
- Friday- 12:30-2:30

Dr. Margaret Williamson, M.D.

- Monday- 9:00-11:30
- Tuesday- 9:00-11:30
- Wednesday- Off NO OFFICE HOURS
- Thursday- 9:00-11:30
- Friday- 9:00 to 11:30

We make every effort to schedule your appointment at the most convenient time for you. If you cannot keep your appointment, we understand, but please let us know of your cancellation 24 hours before your appointment that we may offer that time to someone else. A $25.00 fee will be applied for no show or late cancellation appointments if not notified before 24 hours.

Please bring your insurance card(s) and a photo ID to every visit. Please bring in proof of physical address - No P.O. Box addresses allowed. If you take any medicines on a regular basis, bring them as well.

We must collect all fees and co-payments your insurance may require at the time of service. We will gladly file insurance with those plans with whom we participate. We accept MasterCard, VISA, Discover, AMEX and even Cash!

If we do not participate with your insurance plan, you must make full payment for all services rendered at the time of your visit. As a courtesy we will file a claim on your behalf, and your insurance carrier will reimburse you according to its practices and policies.

Patient Signature _____ Date _____/_____/_____

Office Staff Signature _____ Date _____/_____/_____

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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.

There is a $50.00 fee for faxing or mailing any forms up to 5 pages each. Additional pages are $2.00 each. This fee must be paid in advance of documents being released to any entity.

Patient Signature _____ Date _____/_____/_____

Office Staff Signature _____ Date _____/_____/_____