# FINANCIAL POLICIES

Patient Name_____ Chart # _____

**Atlanta Neurological Associates, P.C.; Drs Bikoff, Schnapper and Smith, are committed to providing the very best possible neurological care. The following guidelines are prepared to keep your insurance and financial arrangements as simple as possible.**

1) It is your responsibility to confirm that our physicians participate in your insurance plan.

2) If your insurance plan requires a referral, it is your responsibility to obtain this prior to being seen by our physician.

3) If our physicians recommend that you see another specialist, it is your responsibility to obtain the referral from your primary care physician (PCP). We will be available to help facilitate this process.

4) If you cannot keep your appointment, we request at least 24 hour notice of cancellation. **ESTABLISHED PATIENTS WILL BE CHARGED 20.00 AFTER 2 NO SHOWS.**

5) All co-payments are due at the time of service and **BEFORE YOU ARE SEEN.**

6) Any personal check returned by your bank will result in a **$25.00 RETURNED CHECK CHARGE..**

7) Unpaid balances on accounts are converted to the patient's responsibility once the insurance carrier(s) have paid or if the carrier fails to communicate with us. A $10/month rebilling/ late fee may be assessed on accounts that are 60 days past due from the date of the charge(s) or 60 days past due from a scheduled payment plan.

8) Out of state long distance phone calls to patients or to their pharmacies, on behalf of patients will be assessed a $5.00 charge per call.

9) Certain administrative services that patients may request or require that are not covered by your health insurance will be assessed a fee as follows:

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|---|---|
| A) FMLA Forms | $25.00 |
| B) Disability Forms: one page | $25.00 |
| More than one page | $35.00 ( or more) |
| C) Non-Formulary/Prior Authorization Drug Request Forms & Letters | $10.00 |
| D) Other forms or letters required by third Parties ( not your ins. co.) | as appropriate |
| E) Patient Assistance Forms for certain Drug companies | $10.00 we cannot assist with every drug company |

FORMS ARE NOT COMPLETED UNTIL PAYMENT IS RECEIVED, AND ARE NOT COMPLETED ON THE SAME DAY.

10) There is a $25.00 yearly fee for mailing monthly written prescriptions for controlled medications.

11) Copies of medical records for disability applications and those requested by attorneys are charged according to state guidelines

I have read and understand the policies set by Atlanta Neurological Associates, P.C.

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Patient or legal guardian