



PREMIER INTERNAL MEDICINE
Of Alpharetta

Office & Financial Policy

Thank you for choosing **Premier Internal Medicine of Alpharetta (PIMA), PC** for your health care needs. Your clear understanding of our office and financial policy is important to our professional relationship, which includes payment for services. It is important for you to understand your insurance benefits. If needed, we recommend that you contact your insurance company **“prior”** to your appointment. Please verify that our physician is in-network and if not, what your out-of-network benefits are.

INSURANCE

You must present a current insurance card and photo ID at each visit. To properly bill your insurance, please disclose all insurance information including primary and secondary plans if applicable. Failure to do so will result in patient responsibility for the entire bill.

FINANCIAL RESPONSIBILITY

Copays, deductibles and/or past due balances are due at time of check-in. We accept cash, debit, and credit cards. **Self-Pay** patients are required to pay at the time services are rendered. An initial deposit of **\$200.00 for an established patient** and **\$250.00 for a new patient** is required at check-in. Any additional charges will be reconciled at check-out.

All bills must be paid within 30 days of receipt. If you are unable to pay your balance, please contact billing to make payment arrangements. If your account is sent to collections, there will be a \$50.00 collection fee added to the total balance due.

Any returned check will incur a \$50.00 charge to cover bank charges in addition to the amount of the check. NSF checks must be redeemed with certified funds.

APPOINTMENTS

Chronic medical conditions (EX: hypertension, diabetes, etc.) require appointments every 3 – 6 months. We contact every patient to remind them of their appointment. Please give at least **24 business hour advance notice** to cancel or reschedule an appointment.

Failure to do so will result in the following fees:

- Same-Day cancellation - \$50.00
- Failure to cancel at all or No-Show - \$100.00

If you are more than 15 minutes late for your appointment, you will be asked to reschedule. If you fail to show up for two appointments **or** have 3 same day cancellations in a calendar year, it will result in your termination from the practice.

FORM REQUESTS

An upfront fee of \$35.00 will be collected for administrative tasks such as FMLA paperwork, Prior Authorizations for prescriptions, etc. Please allow 7-10 business days for completion.

PRESCRIPTION REQUESTS

Our doctor does not prescribe ADD/ADHD medications, Benzodiazepines, or Narcotics.

Our doctor does not call prescriptions in for acute concerns (cold/flu symptoms, COVID, UTI's, etc.) without an appointment to address the problem. An appointment is also required if you experience side effects or need to change the dose of a medication.

TERMINATION

We reserve the right to terminate the patient/doctor relationship based on medical non-adherence, threatening or abusive behavior, failure to keep scheduled appointments, and failure to pay as described in our financial policy.

I authorize examinations and treatment by PIMA, PC and staff.

I authorize all insurance benefits to be paid directly to PIMA, PC.

I authorize PIMA, PC to bill my health insurance for services provided and submit claims for services rendered.

I authorize PIMA, PC to view my prescription history for external sources.

I acknowledge that I have received a copy of the Notice of Privacy Practices.

I acknowledge I have read and understand the Office and Financial policies and procedures above. I accept the rights and responsibilities outlined within them.

Patient Name (print): _____

Patient Signature: _____

Date: _____