

	ALAN L. JOFFE, MD, F.A.C.O.G. Diplomat, American Board of Obstetrics and Gynecology NORTHSIDE OB/GYN, P.C. Telephone: 404.256.2811 Facsimile 404.257.9855	
	993-C Johnson Ferry Road Suite 120 Atlanta, GA 30342	3400-A Old Milton Parkway Suite 200 Alpharetta, GA 30005

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:

- Your insurance company requires us to collect **co-payments** at the time of service.
- Our practice will assess a **\$10** collection fee if the co-payment is not paid at the time of service.
- We will file your insurance for you. You will be responsible for any and all services in excess of your insurance limits as well as all non-covered services.
- A charge of **\$25.00** will be assessed for completion of all forms. This must be paid at the time the request is made.
- Charges for copies of medical records are based upon the number of pages requested.
- A 24 hour notice must be given if you are unable to keep a scheduled appointment. Failure to give this notice will result in a **\$25.00** charge being added to your account.

We will mail to you a monthly billing statement for any outstanding balances.

Signature

Date