



Apollo Family Medicine
Dr. Asmita Joshi, M.D.
3990 Old Milton Pkwy, Ste. 200
Alpharetta, GA 30005
TEL#: (470) 875-1560
FAX#: (470) 781-2710

Financial Policy

Patient Name: _____ DOB: _____

We welcome you and sincerely thank you for choosing Apollo Family Medicine as your primary care provider. We are committed to providing you with the best possible care, and we want you to fully understand our financial policies as outlined below.

MEDICAL INSURANCE: It is your responsibility to know your insurance benefits. You will be responsible for all fees that are not covered by your insurance, including co-pays, co-insurance, and deductibles. All such payments will be collected at the time of your visit. For your convenience, we accept Master Card, VISA, American Express, and cash.

CHANGE OF INSURANCE: Please inform the front office staff if your insurance has changed. Some insurance companies only let us file claims within thirty (30) days. If you fail to provide us with your current insurance information and claims are filed with the wrong insurance, the denied claims may be billed to you.

SELF-PAY/NO INSURANCE: Payment will be due in full at the time of service.

CHANGE OF ADDRESS: Please inform the front office staff if your address or telephone number has changed. This will ensure that we have the correct contact information for you.

DISABILITY, INSURANCE FORMS, PHYSICIAN STATEMENTS, FMLA: There will be a charge of \$25.00 for the completion of medical forms. Otherwise, you may be required to schedule an appointment depending upon the type of form required. Payment is due at the time that you collect these forms.

MEDICAL RECORDS: We will provide you with a copy of your medical records upon request, for a fee. You will need to sign a letter of release prior to having them copied. Please allow up to 15 days for this request to be processed.

OUTSTANDING BALANCE: Patients with an outstanding balance that is 30 days or more overdue must make arrangements for payment prior to scheduling appointments. Patients with an outstanding balance that is 60 days or more overdue will be turned over to our collection agency. Patients will be responsible for the balance in addition to any collection fees that accrue.

MISSED APPOINTMENTS: We kindly ask that you give us a 24-hour notice if you need to cancel your appointment. Missed appointments will result in a charge of \$25.00 being applied to your account.



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MOTOR VEHICLE ACCIDENTS: We do not charge third parties or patient insurance for motor vehicle accident (MVA) visits. We charge \$125.00 for an MVA visit. Payment is due in full at the time of service.

BILLING: If you receive a bill from our office, it is because we believe the balance is your responsibility. Please contact your insurance company first if you think there is a problem. If you have any questions about your bill, please call our billing department. If you cannot pay your entire balance, please call to make payment arrangements.

I have read and understood the financial policy for Apollo Family Medicine and agree to comply and accept responsibility for any payment that is due, as outlined previously.

Signature of Patient or Legally Authorized Representative

Date

Name of Patient or Legally Authorized Representative