ATLANTA MEDICAL ARTS AND WELLNESS, LLC

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Financial Policy and Disclosure

The Financial Policy and Disclosure is to help us provide the most efficient and reasonable health care services. Therefore, it is necessary for us to have a Financial Policy and Disclosure stating our requirements for payment for services provided to patients. Patients are responsible for the payment of all services provided by Dr. Patrice Y. Marshall, Atlanta Medical Arts and Wellness, and its subsidiaries.

Self-Pay Policy

- Atlanta Medical Arts and Wellness is a direct care practice. This means that are services are self-pay. Therefore, you will be required to pay for all office visits and services in cash or by debit/credit card at the time that services are rendered. _____ **(please initial)**
- In addition, any remaining balance on your account will be collected at discharge.

Insurance Policy

- Atlanta Medical Arts and Wellness does not accept medical insurance as payment for services rendered.
- If you have medical insurance, **upon request**, we will provide a superbill for submission to your insurance company for reimbursement.

Overdue Balances

- All over-due patient balances will be sent to collections unless a payment arrangement has been made.
- All accounts sent to collections will be charged a $25.00 collection fee in addition to the account balance.

Missed Appointment Fee

- **Any appointment that is missed without a 24-hour notice of cancellation will be charged a $40.00 missed appointment fee**. **This fee must be paid prior to or at the time of the next scheduled office visit. _____ (please initial)**

To help facilitate this policy, we ask that you assist us by:

1. Providing us with current and updated information on yourself and your insurance company.
2. Presenting an updated photo identification card and insurance card when changes are made.
3. Making the appropriate payment at the time of service for the full.

Responsible Party's Signature_____ Date _____