

# **SOUTH ATLANTA NEUROLOGY AND SPINE CLINIC OFFICE POLICIES**

## **Patient Cancellation and No Show Policy**

South Atlanta Neurology and Spine Clinic requires a 24-hour notice for follow up appointments and a 48-hour notice for any MRI or Procedure appointments for cancellation or rescheduling. Offenders will be charged. **ALL CHARGES WILL BE PAID BEFORE BEING SEEN AGAIN!!!!**

- **1st Offense (Follow-Up)**- The patient is charged a **\$30.00** no show fee for not giving 24 hours notice of cancellation or rescheduling.
- **2nd Offense (Follow-Up)**- The patient is charged a **\$30.00** no show fee and they receive a dismissal warning stating that if they fail to give this office proper notice of any appointment changes again that they will be dismissed from this practice.
- **3rd Offense (Follow-Up)** - the patient is charged a **\$30.00** no show fee and is dismissed from this practice. The patient will have to find another doctor.
- **MRI Offense**- the patient is charged a **\$100.00** no show fee for not giving 48 hours notice of cancellation or rescheduling.
- **Procedures** that are no showed will be charged a **\$50.00** fee.
- **CANCELLING OF APPOINTMENTS MUST BE DONE WITH OUR OFFICE DURING NORMAL BUSINESS HOURS. CANCELLING CAN NOT BE DONE THROUGH OUR ANSWERING SERVICE AFTER HOURS.**

## **Payment & Fees**

All co-pays, deductibles, and co-insurances are collected in full at time of service. We welcome cash check, MasterCard, and visa. **\$35.00 IS CHARGED FOR ALL RETURNED CHECKS.**

## **Insurance**

It is the responsibility of the patient to make sure that all authorizations and referrals are obtained. It is the responsibility of the patient to notify our office of any insurance change prior to your appointment

## **Disability and Medical Forms**

Forms are completed at the discretion of Dr. Brice Choi. It should be discussed at your visit and if he agrees to complete the forms, the following fee schedule will apply.

Simple Form Fees: \$ 20.00                      Detailed Form Fees: \$35.00                      Complex Form Fees: \$45.00

## **Medical Records**

We will gladly send your medical records to another physician free of charge. If the patient wants a copy or any insurance company or lawyer's office requests them there will be a charge. For patients, there will be a fee of \$1.00 per page for medical records. If the patient request the records on a disc, the charge will be \$15.00. For an MRI image disc, the charge is \$5.00.

## **Children**

Either a parent or a legal guardian should accompany all minors. Children are not to be left unsupervised in the waiting room. Please bring another adult with you to supervise your children while you visit with the doctor. Children below the age of 5 are not allowed in clinical rooms.

## **Late Policy**

If you are more than 15 minutes late for your appointment, you will have to reschedule. Please remember that traffic is not an excuse.

## **Scheduling of Appointments**

New patients that call to make their appointment must provide all requested information in order to schedule their appointment. (i.e. social security numbers, insurance information, PCP doctor, and/or referring doctor.)

**I have read and agree to the office policies of South Atlanta Neurology and Spine Clinic.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_