

3400-A Old Milton Pkwy • Ste 360 • Alpharetta GA 30005 770.475.0077 • georgiahormones.com

PATIENT FINANCIAL RESPONSIBILITY

Georgia Hormones would like to thank you for the opportunity to provide you with excellent care. Essential to providing top-notch care includes responsibilities that you, as a patient, have. Please initial each of the following to indicate you have read and fully understand the following terms:

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We are out of network with all insurance companies and full payment is due at the time of service. We accept cash, checks, Discover, Visa, MasterCard and American Express. There is a \$35.00 fee for all returned checks.
Please call our office during normal operating hours to schedule an appointment for routine or problem visits. If your condition is life threatening, please call 911 immediately.
For all appointments, please bring an insurance card and photo ID along with a list of current medications that you are taking. Although we are out of network with all insurance companies, blood work or any specimens sent to the lab can still be filed with your insurance company by the appropriate lab facility.
For prescription refills, please call your pharmacy. They will contact us via fax with the necessary information. Allow 24-48 hours for all refills. No refills will be called in after normal operating hours or on weekends.
If you should need to cancel your appointment, please provide our office with 24-48 hours notice. Multiple no-shows can lead to dismissal and/or incurred cancellation fees.
Patient/Guarantor — Date