

Dr. Aubley
6460 Spalding Drive
Norcross, GA 30092
(770) 449-6320

OurFinancialAgreement.doc

Our Financial Agreement

Payment is due at time on service: we accept CASH, CHECK, VISA and MASTERCARD.

Regarding your Insurance:

Your insurance policy is a contract between you and your insurance company. We will file your insurance and accept assignment of benefits on the PPO/HMO plans that Dr. Aubley participates in. If your insurance has not paid your account in full within 45 days, the balance will automatically transfer to your responsibility.

Required Payments:

Any co-payments required by your insurance company must be paid at the time of service. Because this is an insurance requirement we will not bill you for co-pays. In the event your insurance coverage changes and we are not notified at the time of your appointment, you will be responsible to pay for the total charges for your appointment.

Re-bill Fee:

A re-billing fee of \$25.00 will be imposed on each account that is over 45 days past due. .

Returned Checks:

There is a \$25.00 fee for any checks returned by the bank.

Missed appointments:

Unless canceled at least 24 hours in advance, our policy is to charge \$25.00. Please help us serve you by keeping scheduled appointments.

Out Of state Prescriptions:

We do not normally call any prescriptions out of state. However in emergency situations a \$25.00 charge will be billed to you.

Personal Injury:

If you are being treated as part of a personal injury claim, you will be responsible for the balance at the time of service. The office will not bill an attorney - or third party for these charges.

Assignment and Release:

I, the undersigned certify that I (or my dependant) have insurance and assign directly to George Aubley, M.D. all insurance benefits. I have read the above agreement and agree to all the terms and conditions contained herein and the agreement will be in full force and effect.

Responsible Party Signature

Date