

Georgia Breast Care Office Policies and Insurance Guidelines

We ask that you call our office 24 hours in advance if you need to cancel your appointment. You will be charged \$25.00 for each un-kept appointment unless we receive the 24 hour notice or we receive a telephone call with an explanation.

We do understand that situations arise that are out of your control; however, we must receive a telephone call with as much notice as possible.

If you are over the age of 35 and have not had a mammogram, or if you are over the age of 40 and it has been over a year since your last mammogram, please contact our office so that we may help you schedule a mammogram. We have a listing of the screening facilities in the area and will be happy to give you information for each. Many insurance companies offer wellness packages, which pay 100% of your mammogram if it is done at a screening facility. **If you have had mammograms or ultrasound, please make arrangements to bring the films and the radiologist report with you. It is very important that we have those for review.**

If you arrive late or are delayed by referral problems you may miss your appointment time and be required to reschedule.

If you participate with a managed care plan, please be prepared to pay a co-pay and/or your co-insurance amount at the time of service, which is required in your contract.

While we will assist you in any way to assure that your insurance claim is submitted and paid, it is the patient's responsibility to be familiar with the requirements of their individual insurance plan. Please be sure to check with your insurance carrier prior to arriving for your office visit to see if a referral is required from your primary care physician. Also, please remember to inform us if your insurance does not cover diagnostic testing such as an ultrasound. Please ask your primary care physician to include this diagnostic test in their referral. In addition, please be aware that Medicare and many managed care plans do not allow us to bill for laboratory testing, therefore, you may receive a separate statement from DIANON, Tri County Pathology, Quest, CBL, US Labs or other facilities for laboratory services. If your insurance requires that a specific Lab be used, please advise us before your lab services are obtained.

In the event that your coverage has changed, lapsed, or expired on the date that services are rendered, all charges will be denied and ultimately become your responsibility. ***In order to avoid this, please provide us with your most current insurance card each time you are seen in our office and keep us advised of any insurance or policy changes as they occur.***

If you have any questions regarding the enclosed information, please do not hesitate to contact the office. Our office staff may be able to assist you with questions concerning your insurance requirements.

I have read this statement and understand its contents. I agree to abide by the rules set forth in this document.

Patient Signature

Date