

ATLANTA NEUROLOGY, P.C.

Patient Responsibilities

1. Keep your scheduled appointment(s). If you need to cancel or reschedule your appointment, we require a 24-hour notice. There is a \$100 cancellation fee for appointments cancelled less than 24 hours or for failure to keep your appointment.
2. Co-pays, deductibles, payments for non-covered benefits are due at time of service. We accept cash, checks, and credit cards (Visa, MasterCard, and Discover).
3. Medication refills will be completed within 24 hours. No refills will be called in after office hours or on the weekend. Please plan accordingly.
 - a. If you are out of a prescription, you most likely need a follow-up appointment. According to federal regulations and guidelines, patients must actively be under our medical care to receive refills on certain medications.
 - i. Regular/routine prescriptions (non-controlled): appointment once a year
 - ii. Control IV-V prescriptions (i.e. Ambien, Lunesta, Fioricet, Lyrica, Klonopin): appointment every six months
 - iii. Control III prescriptions (i.e. ADHD/narcolepsy medications and narcotics): appointment every three months
4. Messages received before 2 pm will be returned the same day. Calls received after 2 pm may not be returned until the next business day.
 - a. You may communicate with our office via the Patient Portal or telephone.
 - i. If you leave a telephone message, include your first and last name, date of birth, and preferred telephone number. If you are requesting a medication include pharmacy information.
5. We will file a claim with your insurance company for services rendered. Any charges that are not covered by your insurance company will be your responsibility (i.e co-pays, deductibles).
6. If you change insurance plans/coverage, notify us immediately. This is particularly important if you are receiving ongoing procedures (i.e. Botox) as a change of insurance will require a new authorization.
7. Bring your insurance card and photo ID to each visit.
8. It is ultimately your responsibility to ensure that Atlanta Neurology, P. C. is a provider in your insurance network.
9. In situations of severe financial hardship, we will consider making special payment arrangements on a case-by-case basis which can be discussed with our Executive Director.
10. If you have any concerns, questions, or feedback, contact our Executive Director at amandajoiner@atlantaneurology.net or 404-256-7759.

I have read and understand the policies of Atlanta Neurology:

Signature of Patient or Legal Guardian/Printed Patient Name

Date