



Arthritis and Rheumatology of Georgia  
A Division of Articularis Healthcare Group, Inc.



### **ARTHRITIS & RHEUMATOLOGY OF GA 2020 INFUSION POLICY**

- As the costs of both medication and healthcare in general continue to rise, we want to make sure that we are able to continue to provide services to all our patients. Our policy has always been that patient responsibility is due on the date of service and this has always been on the financial agreement that you signed when you started coming to our office. This is the policy in most medical offices.
- The cost of infusion drugs is very expensive and your physician purchases and pay for these drugs prior to your infusions, specifically for you. We give the best estimate we can of what out of pocket expenses you can expect with your treatments. The plan you are covered under is a contract between YOU and your insurance company. We have no control over what your deductible is and what out of pocket expense ends up being. Like you, our contracts with the insurance company determine what we have to adjust (write off) and what you are responsible for.
- Any patient balance MUST be paid prior to infusions. This includes balances from office visits, labs, x-rays, or any other procedure or visit performed in our office. We are not able to carry any balances, nor are we able to set up payment plans on infusion balances. If you have any questions about your balance, please call our billing department.
- You must notify the infusion department at least 48 hours before your next scheduled infusion if you have any change in your insurance policy or coverage. Without advance notice, you will be rescheduled.
- Active duty military and active duty military dependents must notify the infusion department at least 48 hours before your next scheduled infusion of any changes in active duty status. Retirement and medical retirement will change authorization status. Failure to notify the infusion department of changes may result in Tricare processing your claim as out-of-network and leave you with a balance.

I have read the above policies and have had an opportunity to ask questions.

Patient's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your understanding and we look forward to continuing to serve your rheumatology needs.

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