



# North Georgia Endocrinology

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## Financial Policy

### Authorization & Consent for Credit Card on File

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Thank you for choosing North Georgia Endocrinology for your healthcare needs. We are committed to providing you with exceptional medical care and making our medical billing processes as simple and efficient as possible. Please take a moment to familiarize yourself with our Billing and Credit Card on File Policy.

North Georgia Endocrinology requires all patients to keep an active credit card on file. The card will be securely stored by Open Edge, a PCI-compliant payment processor affiliated with Global Payments Merchant Services.

ALL Copays, deductibles, and Co-insurances will be due and collected at the time of service.  
Circumstances when your card may be charged include, but are not limited to, missed co-payments, deductible and co-insurance amounts, non-covered services, or denial of coverage.

**Insurance Responsibility:** Patients are solely responsible for verifying our network status and securing any required precertification, referral, or prior authorization. If a claim is denied due to inaccurate or incomplete information, the patient is responsible for the full balance. Please contact your insurance provider directly for any claim denials.

**Explanation of Benefits (EOB):** An EOB will be sent to both you and our office after claim processing. For any disputes regarding charges or deductibles, please contact your insurer directly.

**Balance & Fees:** Outstanding balances and no-show fees will be charged to the card on file. All balances must be cleared before scheduling follow-up appointments.

**Disputes at Time of Visit:** If you disagree with charges or deductible amounts on the day of your appointment, you will need to reschedule while you resolve the matter with your insurance provider. We strongly advise against calling your insurer during your appointment time, as this disrupts clinic workflow and delays care.

By signing below, you are agreeing to the following:

1. I authorize North Georgia Endocrinology to securely store my credit or debit card information.
2. I understand that a valid card must be kept on file to be seen by a provider.
3. I authorize North Georgia Endocrinology to charge the card on file for the following:
  - Copayments, deductibles, and co-insurance as determined by my insurance provider.
  - Outstanding balances for services rendered that are not covered by my insurance provider. For diabetic patients requiring specialized care (e.g., CGM or insulin pump therapy), CGM data interpretation will be billed to insurance. If denied, you are responsible for the charges.
  - A no-show fee of fifty dollars (\$50.00) for any missed appointment not canceled or rescheduled at least twenty-four (24) hours in advance. For Monday appointments, cancellations must be made by 3:00 PM Friday. Late cancellations (after 3:00 PM or weekend calls for cancellation) will incur a \$50 charge, charged to the card on file. This applies to all patients, regardless of insurance status.
  - Administrative fees as outline in the administrative fees policy
4. I acknowledge that I will be provided a balance and payment statement.
5. All outstanding financial obligations must be satisfied in full before the removal or modification of a card on file is permitted.
6. In the event of a declined transaction, I am solely responsible for ensuring timely alternative payment arrangements.
7. I am responsible for updating my card information if the card on file expires or changes.

Acknowledgment & Signature

I acknowledge that I have read and understand this agreement. I consent to allow North Georgia Endocrinology to charge my card for services as described above.

Signature of Patient/Representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Patient (if applicable):

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