



North Georgia Endocrinology

10475 Medlock Bridge Rd. Bldg. 800, Suite 820, Johns Creek, Ga. 30097

P: 678-224-8686 F: 678-224-8879

Administrative Services Fee Policy

Certain patient requests require administrative services, including documentation, coordination, and communication with insurance providers. These services are frequently not covered by insurance. To offset the cost of providing these services, North Georgia Endocrinology has implemented the following Administrative Services Fee Policy.

Administrative Services May Include

- Biometric screenings and health-related forms
- Requests for medications or medical devices that are not on the patient's insurance formulary and require communication, documentation, and paperwork with the insurance provider
- Peer-to-peer reviews with insurance providers
- Insurance appeals
- Jury duty exemption forms
- Other miscellaneous forms, letters, or documentation prepared at the patient's request

Approval of an insurance request does not guarantee coverage or a reduced cost.

Fee Election:

Please select ONE option below. Your selection will remain in effect for one (1) year from the date of signature.

1. Per-Visit Administrative Fee

I elect to pay a \$10 administrative service fee at every office visit or telemedicine appointment to cover the cost of administrative services listed above.

2. Annual Administrative Fee

I elect to pay a \$60 annual administrative service fee to cover the cost of administrative services listed above for a period of one year.

3. Decline Administrative Fee

I choose not to enroll in an administrative service fee option at this time. I understand and acknowledge that the administrative services listed above will not be provided unless payment is made at the time the service is requested. If I decline the administrative fee options, I agree to the following per-service charges:

- \$10 per request for a medication or medical device that is not on my insurance formulary and requires communication, documentation, and paperwork with my insurance provider
- \$30 per form completion, insurance appeal, or peer-to-peer review

I understand that all applicable fees must be paid prior to the completion of the requested administrative service.

Patient Name: _____ Date: _____

Patient Signature: _____ Patient DOB: _____