

FAMILY PRACTICE PARTNERS

1910 Hwy 20 SE
Suite A
Conyers, GA 30013
(770) 761-0501

MISSED APPOINTMENTS:

In an effort to provide quality care and service, we require a 24 hour notice when canceling or rescheduling an appointment. **There will be a \$25.00 service charge for any appointments that are not cancelled within 24 hours of your scheduled appointment.**

As a courtesy, we will attempt to call you at the phone number(s) you provide to remind you of your appointment. However, it is ultimately your responsibility to keep your appointments.

INSURANCE:

Our office will file your insurance claim to your insurance company as a courtesy. Coinsurance (patient's responsible percentage) is due at check in for each visit, payable by Cash, Check, Debit Card, Visa, and Master Card

RETURNED CHECKS:

There is a \$25.00 service charge for any checks returned by your banking institution. Returned check fees are payable by cash or money order only. Our office will not schedule any appointments until the balance is paid in full.

DELINQUENT ACCOUNT:

Any account not paid in full after 90 days will be referred to our collection agency, unless other arrangements are made. You will be held responsible for any filing charges, lawyer fees, and court cost or other intangible fees related to the collection procedures.

Are you interested in receiving information concerning Advance Directives?

yes no

Our office strives to see our patients in a timely manner to minimize your wait time. If you are going to be late for your appointment, please give us a call. We will make every effort to accommodate you.

Patient's Signature: _____ Date: _____