



TOTAL CARDIOLOGY OF ATLANTA

2801 North Decatur Road, Suite 395
Decatur, GA 30033
Office (678) 995-5068
Facsimile (470) 575-5849

POLICIES AND PROCEDURES

OFFICE HOURS

Our office hours are Monday – Thursday 9:00am to 5:00pm and Thursday 9:00am to 5:00pm and close for lunch 12:00pm – 1:00pm, closed on holidays. Clinic days/hours are Mondays 10:30am to 4:00pm at 285 BLVD NE, Suite 115, Atlanta, Ga 30012, Wednesdays 8:30am to 11:00am at 2801 North Decatur Rd. Suite 395, Decatur, Ga, 30033, Thursdays 1:00pm to 5:00pm at 285 BLVD NE, Suite 115, Atlanta, Ga. 30312. We can be reached at 678-995-5068 for routine matters during business hours, refills and all clinic questions will be addressed within 48hours.

APPOINTMENTS

When calling for an appointment, please be prepared to give your insurance information, answer questions regarding your contact information, primary care doctor and/or referring provider and if you have a pacemaker/defibrillator.

It is the policy of this office that cancellations must be made within 24hours of scheduled appointment. If an appointment is not cancelled by 4pm the business day prior to your appointment a no show fee will be added to your account.

NO SHOW FEES ARE ASSESSED AS FOLLOWS:

- \$25.00 for office appointments
- \$100.00 for diagnostic procedures

Late policy

- If you are running late for your appointment we ask to give us a call to inform the provider. If a patient arrives 15 minutes after their appointment time it will up to the provider to decide if that patient can be seen that day, if so the patient will be worked into the schedule after on time patients are seen.

PAYMENTS

Total Cardiology of Atlanta accepts cash, personal checks, and most major credit cards. Payments can be mailed to Total Cardiology of Atlanta at 2801 North Decatur Rd, Suite 395, Decatur, Ga 30033. Patients can also make credit card payments over the telephone by contacting Total Cardiology of Atlanta at 678-995-5068.

FEES

Medical Records: Per HIPAA guidelines, copies of medical records must be requested in writing. To ensure your privacy, a form for release of medical information must be completed prior to release for these materials. Any medical records that are requested by another physician's office will be faxed directly to that office at no fee. Medical records requested by other parties, such as insurance companies or attorney's offices will incur the following fees:

- Medical records fee per page:
 - 0.97 per/page 1-20
 - 0.83 per/page 21- 100
 - 0.66 per/page each page after 100
 - In addition an administrative fee of \$25.88
- Forms fees: \$50.00

Physician offices, hospitals, and other medical facilities: No Fee

INSURANCE

We accept all major insurance carriers, it is the patient's responsibility to know if we are in network with your insurance. If your insurance requires a referral it is the patient's responsibility to ensure we have the referral on file prior to the office visit.

Patients are responsible for co-payment, co-insurance, and deductibles at the time of service.



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Receipt of Office policies

Patient Name: _____

Date: _____

Patient Signature: _____