



Financial Responsibility & Office Policies

11180 State Bridge Rd, STE 404, Alpharetta, GA 30022
www.familyhealthprimarycare.com | 770-252-2220

Please read and acknowledge the following policies:

Insurance

- We will bill your insurance as a courtesy; accurate, current information is required.
- You are responsible for all charges not covered or denied by your plan.
- Referrals/prior authorizations are your responsibility unless otherwise arranged.

Payments

- Copays, deductibles, and non-covered services are due at the time of service.
- We accept cash, credit/debit cards, and checks.
- Balances over 90 days may be referred to a collection agency; you may be responsible for associated fees.

Cancellations & No-Shows

- Please provide at least 24 hours' notice to cancel or reschedule.
- Missed appointments or late cancellations may incur a fee.

Financial Agreement

I understand and agree that I am financially responsible for all charges incurred at Family Health Primary Care, whether covered by insurance or not. I authorize the release of medical information necessary to process claims and request payment of benefits to Family Health Primary Care for services rendered.

Patient/Guardian Name:

Signature (type name): Date: