Atlanta Women's
OBSTETRICS & GYNECOLOGY, PC
Women Proudly Caring for Women

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Optional Administrative Services Fee Policy Overview

Each day we strive to exceed the expectations of you, our valued patients, through excellent medical care and exceptional service. To assist us in achieving our goal of exceptional service, we have adopted an Administrative Service Fee Policy.

Our Administrative Services fee is an ***optional*** annual flat fee of $50 (additional fee of $25 per pregnancy applies for obstetric patients—see the Obstetric Financial Policy). The fee covers all expenses related to Administrative Services, as listed below, for a period of one year. The fee is per patient, must be paid at the time of service, and is *not billable* to your insurance carrier. However, patients with a flexible spending account may seek reimbursement from their employer as allowed.

Patients who opt not to pay the ***optional*** annual Administrative Services Fee will be charged for services as requested. Fees for services requested must be paid in advances, and are not billed to your insurance carrier.

Patients experiencing financial difficulties, who are not able to pay the Administrative Services Fee, should request to speak with the Practice Administrator to complete the financial need application.

Administrative Services Listing

1. Employee Completed Forms (Allow 48 hours for completion) — $35 per form

    a. FMLA Forms
    b. Disability Forms
    c. Adoption Forms
    d. Foreign Travel Forms
    e. Other Forms Requiring Manual Completion

2. Computer Generated Forms — $15 per form

    a. Flexible Spending Account Statements/Claims Forms
    b. Patient Account Print-Outs
    c. Payment Histories
    d. Paid-In-Full Statements
    e. Insurance Appeal Letters

3. Copying or Faxing of Medical Records — $35 per copy/fax

    (Except to treating physicians and health insurance carriers)
    (Please allow 72 hours for completion)

_____ I elect to participate in the Administrative Service Fee annual, flat rate program.

_____ I elect not to participate in the Administrative Service Fee annual, flat rate program.
I will pay for Administrative Services on an as needed basis at the fees listed above.

Patient or Legal Guardian Signature

Date