



## **Cardiology Consultants of Atlanta, P.C.**

2801 N. Decatur Rd. Suite 395, Decatur GA, 30033

(404) 298-2220 phone (678) 904-5336 fax

### **OFFICE POLICIES AND PROCEDURES**

***Thank you for choosing Cardiology Consultants of Atlanta for your cardiovascular care.***

We realize that you have a choice in medical providers and are pleased that you have chosen to seek your care with us. The staff at Cardiology Consultants of Atlanta strives to exceed expectations in care and service in order to make your experience with us as comfortable and stress free. Please feel free to contact our office if you have any questions concerning our policies.

### **OFFICE HOURS**

Our office staff is available Monday-Friday, 8:00 am to 5:00 pm\*, (excluding holiday schedules and closures) and may be reached at (404)298-2220 for routine matters such as appointment scheduling, prescription refills, and other non-emergency matters. An answering service is available to assist you after these scheduled office hours. In the event of a medical emergency, please call 911.

Our patient coordinators and clinical staff will always assist you to the best of their abilities during office hours. However, on clinic days, questions or messages requiring the attention of the clinical staff will be answered within 48 hours.

### **APPOINTMENTS**

When calling for an appointment, please be prepared to provide our patient coordinators with your chief complaint/reason for the visit, as well as any updated contact or insurance information.

While we strive to schedule appointments appropriately, emergencies can occur in specialty medicine, and Dr. Howard will always give each of his patients the time they require for their unique medical problem. For this reason, we kindly request your patience and understanding should a delay or rescheduling be necessary on your appointment date.

It is the policy of this office that *cancellations must be made within 24 hours* of scheduled appointments. In the event that your appointment is not cancelled, a no-show fee will be added to your account. All no-show appointments are automatically rescheduled in 2 to 4 weeks to prevent lapses in patient care and for continuity of care. When a patient fails to cancel to an office visit in a timely manner, our office staff resources; staff time, and equipment are wasted and other patients are limited access to our services.

No Show fees are assessed as follows:

- \$25.00 for established patient appointments
- \$150.00 for all office and hospital diagnostic procedures

***\*Please be advised that no-show charges are patient responsibility and will not be billed to your insurance company.***



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### **INSURANCE**

As a courtesy to our patients, Cardiology Consultants of Atlanta is happy to file insurance claims on your behalf. We accept all major insurance carriers. If you do not have insurance, please contact our in-house billing department to discuss alternative payment options, at (404)298-2220 ext. 1 or 2.

It is the patient's responsibility to inform our office of any changes in insurance coverage. Failure to do so could cause delay or denial of insurance payment. If your insurance company does not pay for your charges, the balance becomes the patient's responsibility.

Patients are responsible for co-payments, co-insurance, and deductibles at the time of service. If we are unable to verify insurance coverage prior to your scheduled appointment, the patient will be responsible for the cost of the office visit at the time of service.

### **PAYMENTS**

Cardiology Consultants of Atlanta accepts cash, personal checks, and most major credit cards. Payments can be mailed to Cardiology Consultants of Atlanta at PO Box 105774 Atlanta, GA 30348-5774. Patients can also make credit card payments over the telephone by contacting Cardiology Consultants of Atlanta directly at (404)298-2220 ext. 1 or 2.

### **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 of 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:

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

- Patients: \$25.00
- State Disability claims: \$15.00
- Attorney's Offices & other entities: \$50.00 and up depending on the number of pages.

Forms fees: If a patient has forms that need to be completed, Dr. Howard is happy to complete them, but there will be a \$75.00 fee assessed. Please allow 5 business days for completion.

### **COLLECTION AGENCY**

Cardiology Consultants of Atlanta uses an outside collection agency for financial recovery when necessary. An administrative fee of **30%** will be assessed to your account along with the fees assessed by the collection agency to recover any financial losses.



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**RECEIPT ACKNOWLEDGMENT FORM**

By signing below, I acknowledge that I have received, reviewed, understand, and will comply with the policies and procedures explained in the Cardiology Consultants of Atlanta Office Policies and Procedures and HIPAA patient forms.

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**Printed Name**

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**Signed Name**

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**Date**

**HIPAA RECEIPT ACKNOWLEDGEMENT**

I understand and have been provided with a ***Notice of Information Practice*** that provides a more complete description of information uses and disclosures. I understand that I have the right to review the notice prior to signing this consent. I understand that the Practice reserves the right to change their notice and practices. I understand that I have the right to object to use of my health information for direct purposes. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment or healthcare operations and that the Practice is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the Practice has already taken action in reliance thereon.

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**Patient/Guardian Signature**

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**Date**

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**Witness Signature**

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**Date**



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**HIPAA CONSENT FORM**

**Patient Name:** \_\_\_\_\_ **DOB:**\_\_\_\_\_ **ACCT#:**\_\_\_\_\_

**HIPAA IS AN ACRONYM FOR THE Health Insurance Portability & Accountability Act of 1996 (a Federal Law)**

Of significant concern to healthcare organizations is the Administrative Simplification section of the Act, which requires healthcare organizations to comply with specific rules regarding;

- Unique identifiers for health plan, providers, individuals and employers
- Healthcare Transaction & Code Sets for transmitting data electronically
- Privacy regulations over disclosure and use of health information
- Security regulations over protections of electronic health information

I understand that I have read the "Notice of Information Practices" that provides a more complete description of information uses and disclosures, posted in the lobby reception rooms. I understand that upon request I will be provided a copy of such notice. It is our policy to not release confidential and/or unauthorized information by home telephone, answering machine, work telephone, voicemail, cell phone and/or pager (with the exception of appointment reminders that reveal doctor's name date and time only). In the instance when we are returning a phone call and have to leave a message with an unauthorized person no information will be left.

If you wish to authorize us to leave and/or release information with someone other than yourself please complete the following information:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_ Yes/No

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_ Yes/No

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_ Yes/No

**Consent to the Use and Disclosure of Health Information for Treatment; Payment or Healthcare Operations**

I understand that as part of my healthcare, Cardiology Consultants of Atlanta originates and maintains health records describing my health history, symptoms, examinations and test results, diagnosis, treatment and any plans for future care or treatment. I understand that this information serves as:

- A basis for planning my care and treatment
- A means of communications among the many healthcare professionals involving my care
- A source of information for applying my diagnosis and surgical information to my bill
- A means by which a third party payer can verify that services billed were actually provided
- And a tool for routine healthcare operations such as assessing quality and receiving the competence of healthcare professionals



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***Special Situations: We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work related injuries or illness. We may disclose medical information about you for public health activities such as to prevent or control disease, injury, disability and driving, etc.***

**This Notice describes how information about you may be used and disclosed and how you can gain access to this information. Please review it carefully**

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### **NOTICE OF INFORMATION PRACTICES**

Cardiology Consultants of Atlanta may use and disclose protected health information for treatment, payment and healthcare operations, health related benefits and services, release of information to designated individual entities, and disclosures required by the law. Examples of this include, but are not limited to; requested life insurance, sports physicals, referral to nursing homes, foster care homes, home health agencies and/or referral to other providers for treatment to include coordination of benefits with other insurers, or collection agencies. Healthcare operations include, but are not limited to, internal quality control, quality assurance and auditing of records.

Cardiology Consultants of Atlanta is permitted or required to use or disclose protected health information without the individual's written consent or authorization in certain circumstances. These circumstances include but are not limited to, cases of public health requirements or court orders.

Cardiology Consultants of Atlanta will not make any other use or disclosure of patient's protected health information without the individual's written authorization. The individual may revoke such authorization at any time. Any revocation of authorization must be submitted in writing.

Cardiology Consultants of Atlanta may, at times, contact the patient to provide appointment reminders, information regarding treatment alternatives or other health-related benefits and services that may be of interest to the individual patient or the concern of the Physician.

Cardiology Consultants of Atlanta will abide by the terms of this notice, or the notice currently in effect at the time of disclosure.

Cardiology Consultants of Atlanta reserves the right to change the terms of this notice and make new notice provisions effective for all protected health information it maintains.

Cardiology Consultants of Atlanta will provide each patient with a copy of any revisions to the Notice of Information Practices at the time of their next visit, if requested, or at their last known address, if there is a need to use or disclose any protected health information of the patient. Copies may also be obtained at any time at our office.

Any person/patient may file a complaint to the Practice and to the Secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with the Practice please contact the Privacy Officer and/or the HIPAA Officer at the address and phone number listed below. All complaints will be addressed and the results reported to the Owner/Managing Physician.

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**404-298-2220 Ext. 11**