

## OFFICE POLICIES

**OFFICE HOURS:** MONDAY - FRIDAY, 8:30 AM - 5:00 PM

The **PATIENT IS RESPONSIBLE** for making sure their insurance is in network for our doctors.

**CO-PAY'S** - are due at the time of service. **CASH, CHECK, VISA, or MASTERCARD** are accepted. If you are not prepared to pay our co-pay we will gladly reschedule your appointment.

**PRESCRIPTIONS** - no medications will be called in after hours or on the weekend. You must call during office hours. **THERE ARE NO ACCEPTIONS.**

**INSURANCE/DISABILITY FORMS** - There is a \$20.00 charge for all disability, FMLA, Aflac, and Insurance forms.

**RETURNED CHECKS** - A \$30.00 charge will be billed for all returned checks.

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**PATIENT SIGNATURE ( OR GUARDIAN IF MINOR)**

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**RELATIONSHIP**

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**DATE**



ACUTE SURGICAL CARE

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