



## YOUR RIGHTS REGARDING YOUR IDENTIFIABLE HEALTH INFORMATION

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You have the following rights regarding the identifiable health information that we maintain about you:

- 1. Confidential Communications.** You have the right to request that our organization communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request. Our company will accommodate reasonable requests. You do not need to give a reason for your request.
- 2. Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your identifiable health information for treatment, payment or health care operations. Additionally, you have the right to request that we limit our disclosure of your identifiable health information to individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your identifiable health information, you must make your request in writing. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our patient's use, disclosure or both; and (c) to whom you want the limits to apply.
- 3. Inspection and Copies.** You have the right to inspect and obtain a copy of the identifiable health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing, in order to inspect and/or obtain a copy of your identifiable health information. Atlanta Accident & Injury Specialist may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Reviews will be conducted by another licensed health care professional chosen by us.
- 4. Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our organization. To request an amendment, your request must be made in writing. You must provide a reason that supports your request for amendment. Our company will deny your request for amendment if you fail to submit the request, along with the reason supporting your request, in writing. Also, we may deny your request if you ask us to amend information that is: (a) accurate and complete; (b) not part of the identifiable health information kept by or for the company; (c) not part of the identifiable health information which you would be permitted to inspect and copy; or (d) not created by our company, unless the individual or entity that created the information is not available to amend the information.
- 5. Accounting of Disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain disclosures that have been made of your identifiable health information. In order to obtain an accounting of disclosures, you must submit your request in writing. The first list requested within a 12 month period is free of charge, but our practice may charge you for additional lists. Our company will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
- 6. Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time.
- 7. Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our organization or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
- 8. Right to Provide an Authorization for Other Uses and Disclosures.** Our company will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your identifiable health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your identifiable health information for the reasons described in the authorization. Please note: We are required to retain records of your care.

Please contact us with any questions.

1000 JOHNSON FERRY RD. SUITE E200  
MARIETTA, GA 30068

PATIENTS,  
PLEASE HOLD/KEEP THIS FORM FOR YOUR RECORDS

[www.avicennaallergy.com](http://www.avicennaallergy.com)

Email: [officemanager@avicennamd.com](mailto:officemanager@avicennamd.com)

1000 Johnson Ferry Rd. • Building E- Suite 200 • Marietta, GA 30068  
2233 Peachtree Rd NE • Suite 204 • Atlanta, GA 30309

Phone: 770.977.9300

Fax: 866.572.5792



## ALL PAYMENT IS EXPECTED AT THE TIME OF SERVICE:

Payment is required at the time services are rendered unless other arrangements have been made in advance. This includes applicable coinsurance and copayments for participating insurance companies. The **AVICENNA MD** accepts cash, personal checks (in-state only), VISA, MasterCard, Discover, American Express and Care Credit. There is a service charge for returned checks. A credit card must be on file with Advanced Allergy INC DBA Avicenna MD. The filed credit card will be stored in our secured electronic record system.

## INSURANCE:

Avicenna MD bills participating insurance companies as a courtesy to our patients. Patients are expected to pay estimated deductible and copayments at the time of service. If a total amount cannot be determined, Avicenna MD will invoice the patient after receiving payment from the insurance company. If we have not received payment from your insurance company within 60 days of the date of service, you may be expected to pay the balance in full.

You are responsible to be sure all charges are paid whether by you or by your insurance carrier. After receiving payment from insurance company, if the outstanding patient responsibility is less than \$100.00, Avicenna MD will charge the balance to the credit card on file and send a receipt to you. If the balance is greater than \$50.00, a statement will be mailed to you. Payment is due upon receipt of the statement.

If you receive a statement with an outstanding balance that you need assistance, please apply for Care Credit. Ask one of our staff members for details.

**Patients with an outstanding balance 60 days or more overdue must make arrangements for payment prior to scheduling future appointments.**

If you have questions about your insurance, please contact us during business hours, Monday through Friday at (770) 977-9300, ext 5.

## MANAGED CARE:

If you are enrolled in a managed care insurance plan (i.e., HMO), you must receive a referral from your primary care physician's office before seeing a specialist. Retroactive referrals are not guaranteed. Please use the phone number on the back of your insurance card if you have any questions about referrals.

## CASH OR SELF PAY:

Avicenna MD offers several services that are not billable to insurance and are considered patient self pay. Payment is required at the time services are rendered. Care Credit is also available for these services. Your receipt will also allow those with an HSA/FSA to ask for a reimbursement.

## FINANCIAL DIFFICULTY:

Avicenna MD realizes that financial difficulty is a reality. Avicenna MD accepts Care Credit to make it easier for our patients to get the treatment and care they want and need and to pay their copays, co insurance and deductibles. Care Credit is the nation's leader in patient financing. Please ask an Avicenna MD staff member for details.

If all outside assistance resources have been exhausted, Avicenna MD will review the patient's financial records and situation to determine if any arrangements can be made. Contact Carrie Whittington, (770) 977-9300 ext 6 for details about the documentation required for the review.

## DELIQUENT ACCOUNTS:

In the event patient's account is not paid in full within 60 days of the last date of service, patient's account shall become delinquent, patient agrees to pay interest on the account balance as of the last date of service in the amount of 16% (sixteen percent) per year.

**IF A PATIENT HAS NOT RESPONDED TO AN OUTSTANDING BALANCE WITHIN 90 DAYS, THE PATIENT WILL BE SENT TO A COLLECTION AGENCY.**

Patient further agrees to pay all court costs and to pay attorney fees should collection efforts be undertaken by provider.

## REFUNDS:

Patient/guarantor credits in amounts less than \$300.00 will be retained on account to be credited toward future balances unless a written request for refund is received. Amounts \$300.00 and greater will automatically be refunded to the patient/guarantor.

## MISSED APPOINTMENTS/LATE CANCELLATIONS:

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellations are requested 48 hours prior to the appointment. If you do not notify the office 48 hours prior to the appointment, a \$45.00 fee will be automatically charged to the credit card on file.

[www.avicennaallergy.com](http://www.avicennaallergy.com)

Email: [officemanager@avicennamd.com](mailto:officemanager@avicennamd.com)

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Excessive abuse of rescheduled appointments or appointments missed without notification may result in discharge from the practice.

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