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## **ADMINISTRATIVE SERVICES FEE (ASF)**

Due to the burden of increasing regulations and requirements, the volume of administrative paperwork to our practice has increased dramatically, thus increasing our overhead expenses. Unfortunately, we now find it impossible to continue to provide these services free of charge. Therefore, effective January 1, 2021, we are initiating a \$150 administrative fee payable once per year. Our office specializes in Cardiology which means a vast majority of our patients require certain administrative services from us for you that are not covered by your insurance company and that you will be responsible for. Due to that reason our office is collecting an optional Administrative Services Fee (ASF) of **\$150.00 annually**. If elected, the ASF will be effective for a 12-month period from the date you signed, **PAYMENT MUST BE MADE ON THE DAY OF SIGNATURE**. The ASF is only intended to cover the costs of certain administrative services we may provide that are not covered by your insurance to include but not limited to phoning and faxing in of prescriptions, completing insurance referrals and authorizations, filling out forms you may need, and other additional administrative costs. You are not required to pay the ASF; however, if you choose not to pay the optional fee, you will be charged for all non-covered administrative services, as needed. A list of administrative services with associated fees is listed below.

### **ADMINISTRATIVE SERVICES FEE (ASF)**

**Services you are responsible for paying as needed and/or have requested. Includes but not limited to:**

**1:** Completion of all patient requested forms, letters and/or documents requiring the physician's signature; which also include administrative forms requested by third parties, (excludes your insurance company and/or another physician) will be provided to you at \$50 per form.

Examples of the forms you the patient may request us to complete and provide:

- a. School
- b. FMLA (Family Medical Leave Act)
- c. Disability
- d. Employer
- e. Patient Assistance forms

**2:** Computer-generated reports (claims, statements, payment history, etc.) patient requests, will be charged up to **\$15 per report provided**. These reports are sometimes needed for flex benefit plans and/or yearly tax needs.

**3: Appeals or Pro-longed Prior Authorization process are not required of a medical office.** Once a medication is decided upon by your doctor, your insurance company may decide that you require a prior authorization prior to covering that medication. Becoming familiar with the prior authorization process may enable you to get your medicine approved faster. But beware, not all medicines will be approved. Even if we and you do everything right, the insurance company may still refuse to cover your medicine. In the end, the insurance company is the one making the decision. To resolve this issue your physician may just change your prescription to another drug that does not require a prior approval. Since your doctor is not aware what your specific insurance company has on their formulary, this step will be done when possible and is an easy but sometimes timely solution. Other times a prior authorization will be completed which entails sending over paperwork requesting a specific medication to your insurance company. The waiting process begins and the medical office will wait for further instructions from your insurance company, usually a request regarding medical records, as well as a reason why the prescribing physician would like to use that specific medication. Once all that is done a review and decision will occur, this process may take 2-3 weeks, in some circumstances, it can actually take months. Depending on the PA decision and your specific request or demand for that particular medication and/or appeals process may begin. **The appeals process is a very lengthy and a time-consuming process in which administrative services and physician services are not covered by your insurance,** the time and effort required to fight an appeals process can be months. This process is also not required of a medical office as standard of care. **If ASF was not elected an appeal fee of \$150.00 per appeal will be charged, regardless of the outcome of the appeal.**

**4:** The ASF **does NOT include** medical records copying and forwarding of medical records, that is a separate fee.



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**PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:**

- 1) I ACCEPT THE FINANCIAL POLICY WHICH **INCLUDES** PAYMENT OF THE ASF. IF ELECTED, THE ASF WILL BE EFFECTIVE FOR A 12 MONTH PERIOD FROM THE DATE SIGNED.

**PAYMENT MUST BE MADE ON THE DAY OF SIGNATURE** 😊

- 2) I ACCEPT THE FINANCIAL POLICY, BUT CHOOSE **NOT TO PAY THE ASF**. I UNDERSTAND THAT I WILL **NOT** BE GIVEN THE CHANCE TO PAY THE ASF FEE AT A LATER DATE DURING THIS 12 MONTH PERIOD FROM THE DATE SIGNED.

**I PATIENT/GUARANTOR CHOOSE OPTION ONE (1)**

\_\_\_\_\_  
(Initial)

**I PATIENT/GUARANTOR CHOOSE OPTION TWO (2)**

\_\_\_\_\_  
(Initial)

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**PATIENT/GUARANTOR SIGNATURE**

**Date**

***Remember if you choose NOT to pay the ASF fees today, you will be charged the administrative services when you request them. They will have to be paid prior to receiving the service.***