

OUR FINANCIAL POLICY

All co-payments and/or deductibles required by your insurance company are due at the time of service. Your copayment, deductible or co insurance is determined by the contract between you (or your employer) and your insurance company. The Parent or Guardian who brings the child to their office visit is responsible for payment at the time of service.

- Insurance is complicated! It is important for you to understand how your plan works. We will submit your bill for services to your insurance company on file. It is important to update your insurance changes so that we can send in you claim accurately. Having the correct insurance information in your medical record is important for our clinical providers to make sure any necessary lab work is sent to the right clinical lab and to make sure we process referrals correctly. If you have an insurance that we do not participate in you are asked to pay in full at the time of service and we will provide you with an itemized statement for you to submit.
- Please make sure you add your newborn to your insurance plan within 30 days of birth to ensure coverage.
- If you are a member of an HMO or PPO in which our office participates, you are responsible for making sure we have a current referral on hand, if your insurance carrier requires one, for you to see a specialist. Your referral has to be ordered by one of our physicians before a referral can be obtained. If you do not have a referral at the time of your specialist visit, your insurance company may hold you responsible for all charges.
- The Well Check Visit includes the physical exam and general health and nutrition assessments and counseling.
 - Immunizations, Vision and Hearing screenings, MCHAT, ASQ, blood work including blood counts, cholesterol screening and other developmental screenings are charged separately. Please be aware that your insurance may or may not cover these screening tests and the charges may become your responsibility.
 - Occasionally, when a Well Child Check Up is scheduled, the patient will have additional concerns. If that concern would have required a visit at another time then this additional service may be subject to a copay or deductible as required by your insurance policy.
- At sick visits, there may be separate charges for any labs, tests or procedures performed in the office. Your insurance company may apply these charges to your deductible for which you will be responsible.
- After hours Nurse Advice calls and after hours provider (physician or nurse practitioner) calls will be assessed a minimal charge. Nurse calls are \$10.00 and provider calls are \$15.00.
- Please be aware that if any outside lab services are required, you will receive a separate bill for those services from the lab.

We accept cash, local checks, and all major credit cards for payment of your charges. Returned checks will receive an overdraft charge of \$35.00 per check due back to us by cash or money order only. If your account is more than 90 days past due you will owe a late fee of \$25.00.

If collection outside of this office becomes necessary, you will be charged a processing fee and your patient relationship with the physicians at Johns Creek Pediatrics will be terminated. Timely payment will prevent consequences to your credit rating.

Our office has implemented a policy for no show appointments. If you do not show up or call to cancel your appointment within 24 hours of the appointment time you will be charged a \$50.00 no show fee.

If you are having financial difficulties, please ask to speak with our office manager to make alternate payment arrangements.

Thank you in advance for complying with our Financial Policy. Please let us know if you have any questions or concerns.

I have read, understand and agree to the financial responsibilities under this policy.