

Pediatric Associates, PC
Pediatric Associates of Johns Creek, PC
FINANCIAL POLICY

Thank you for choosing our practice. Our office is committed to providing the best possible treatment, as well as assisting you with insurance filing and payment of your account. In order to accomplish this in a cost effective manner, we ask that you adhere to the guidelines listed below.

1. We will file a claim to your insurance carrier if we are given complete, current demographic and insurance information. If information is incomplete, we will require payment in full of your charges the day of your visit.
2. We realize that a patient's insurance plans may change over the course of the year. We require that the patient keep us updated on these changes. Failure to provide updated information in an expedient manner may result in timeliness denials from your insurance carrier which the patient will ultimately be held responsible for.
3. If your account is 30 days or more past due and reflects insurance responsibility, please help us by contacting our billing department to obtain a detailed summary of your account so that you may contact your insurance company for information regarding outstanding claims. Claims not paid by your insurance company in a timely manner will ultimately be the responsibility of the patient.
4. **Co-payments and outstanding balances from deductibles and coinsurance are due at time of service.** A \$25.00 billing fee will be assessed for failure to pay a co-payment at time of service.
5. Since we are unaware of each insurance plan's specific benefits and which of our services are covered by your plan, we will not be held responsible for unpaid amounts as result of denials from your insurance company due to non-covered service clauses. It is your responsibility to know your insurance benefits PRIOR TO services being rendered; our billing department will be happy to assist you with any questions you may have.
6. Most laboratory charges ordered through our office are billed separately to your insurance by either LabCorp, Quest Diagnostics, or LabOne. If you receive a bill from one of these companies, we ask that you contact them to resolve any questions you may have.
7. The following fees are charged by our office:
 - Most laboratory tests ordered through our office are billed separately to your insurance by either LabCorp or Spectrum Laboratory.
 - \$10 each for most camp and school forms (this does not include immunization forms, for which there is no charge).
 - \$25 for missed appointments, or appointments not cancelled with at least 24 hours notice.
 - \$20 for letters requested to be written on a patient's behalf.
 - A copying fee of up to \$35 per chart each time a copy of medical records is requested for any reason (fee is based on number of pages copied, in accordance with Georgia law). There is an additional charge of \$25 if records must be retrieved from off-site storage (records are generally placed in storage when a child has not been seen in 3 years or more).

These fees are **not** paid by your insurance company, and are due and payable at time of request.

I have read and received a copy of the Financial Policy.

Patient Name

Parent Signature

Date