



FINANCIAL POLICY

1. Our office requires that your current insurance card and photo ID be presented at **each** visit.
2. We will file a claim to your insurance carrier if we are given complete and current demographic and insurance information. **If information is incomplete, we will require payment in full of your charges the day of your visit.**
3. We realize that many 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 responsible for. **There will be a \$10 refiling fee if the correct insurance information is not provided at time of service.**
4. 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 [120 days] will ultimately be the responsibility of the patient.**
5. **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 co-payment at time of service.
6. 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.
7. Most laboratory charges ordered through our office are billed separately to your insurance by either LabCorp, Quest Diagnostics, Solstas, 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.
8. If your child is scheduled for a Well Child Exam or a Shot only appointment but is experiencing symptoms that are addressed by the physician, you may be charged for a "sick" office visit. Depending on your insurance, you may be responsible for a copayment, coinsurance and/or deductible.
9. The following fees are charged by our office. **These fees are NOT paid by your insurance and are due and payable at time of request.**
 - There will be a \$10 fee for completing camp and school forms. This fee will not be billed to your insurance company and must be paid before the forms can be released. This does not include immunization forms (3231/3300 forms), for which there is no charge. **Please allow 3-5 business days for completion of all forms.**
 - Same Day form completion requests will be at the discretion of staffing and providers. **Any expedited forms will have an additional \$10 fee.**
 - There will be a \$50 fee for missed appointments, or appointments not cancelled with at least 24 hours notice. This fee is not covered by your insurance company, and will be billed to you directly. Multiple missed appointments may lead to dismissal from our practice.
 - There will be a fee of \$20 for walk-in appointments. This fee will be collected at the time of service, in addition to any copayments that may be due. This fee will not be filed to your insurance company.
 - There will be a fee of \$20 for letters requested to be written on a patient's behalf.
 - A copying fee of up to \$30 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 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). Our medical records manager will be glad to discuss these specific charges with you as necessary.
10. Payments for account balances deemed patient responsibility [co-pays, deductibles, co-insurance, and non-covered services] billed to the patient are due at time of billing.
11. Accounts with patient balances over 60 days old will be changed to Pre-Collections Status and a hold will be placed on the account until payment is received.
12. **Account Balances over 90 days old will be sent to an outside collection agency & will result in dismissal from the practice due to non-payment.** There will be a 30% fee added to your balance if you are sent to an outside collection agency to cover this expense.