

# GWINNETT PEDIATRICS & ADOLESCENT MEDICINE

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## FINANCIAL POLICY

Gwinnett Pediatrics is committed to providing you with the best possible medical care for your child. We believe that an informed consumer is a more satisfied consumer. Therefore, in our effort to communicate, we offer you our Financial Policy in writing to keep with your family's medical receipts.

The following information is provided to avoid any misunderstandings or disagreement concerning payment for professional services.

**FINANCIAL INFORMATION:** Payment is required at the time services are rendered. If you are unable to pay your bill today, please ask to speak with a Financial Advocate. He/She will assist you with arranging a payment plan, discussing financial assistance, or rescheduling an appointment for a time when you are prepared to pay.

Regardless of your insurance coverage, you are ultimately responsible for full and timely payment of all charges incurred at Gwinnett Pediatrics. If you fail to make payment in full or arrange for a payment plan with our financial department for the services that are rendered to you, your outstanding balance may be sent to a collection agency. You may be responsible for the fees assessed by the collection agency.

Due to the high cost of collecting outstanding accounts, if there is any outstanding balance on your account, you will be mailed 2 statements and a final collection letter. If you fail to pay the amount due on your account or have not made acceptable payment arrangements with our office, you may receive a certified letter of termination from our practice.

Because our practice is charged per call for after-hour calls to the CHOA advice line, we request that you contact your insurance advice line first. You may be charged \$15.00 for calls that are routed to the CHOA line or the physician on call.

**INSURANCE INFORMATION:** Our practice participates with a variety of insurance plans and it is your responsibility to:

- Be familiar with the requirements of your specific plan. We handle families covered by more than 1,000 health plans and cannot be responsible for understanding the details of every plan.
- You are **required** to present your insurance card at every visit.
- Your co-payment, coinsurance and/or deductible are **required** at each visit. Payment can be made by cash, check, or credit card. *If you do not bring payment to your visit and we have to bill you, you may be assessed a \$5 processing fee.*
- For medical care **not covered** under your insurance, payment in full is due at the time of the visit.
- We do not accept nor bill secondary medical insurance, but will be happy to give you a claim form to submit to your own secondary carrier. Please ask the financial advocate for assistance. If you have insurance that we do not participate in, we will file the claim upon request; however, payment in full is expected at the time of service.
- If you change insurance, please be sure to notify our office with this information prior to your appointment.
- If you have questions regarding your insurance, we will be happy to help you; however, specific coverage issues should be directed to your insurance company member services department.

**CANCELLATIONS AND MISSED APPOINTMENTS:** If it is necessary to cancel your check up appointment, please do so 24 hours prior to your appointment or your account will be assessed a \$50 late cancellation/missed appointment fee. If you miss your sick child appointment your account will be assessed a \$25 fee.

If you are divorced, please note that the party that brings the child to the office will be the responsible party on record. We will not be involved in parental court cases.

Our practice firmly believes that a good physician/patient relationship is based upon understanding and good communication.

**Please sign below to acknowledge that you have read and agree to this financial policy.**

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Signature of Patient or Responsible Party

Date