



Financial Policy

Thank you for choosing Atlanta Pediatric Partners (APP) for your child's healthcare. APP is committed to keeping your insurance and other financial arrangements made with us as simple as possible. To assist in meeting this goal, please read and follow the guidelines below.

For Patients With Insurance

- APP is a provider of medical services. We are not party to the contract made between you and your employer and/or your insurance company. Therefore, we encourage you to contact your insurance carrier personally in order to remain informed of your benefits. Please bring your current insurance information to each visit.
- If APP is not a participating provider listed on your insurance plan, payment in full is due today. (See APP's Self-Pay Discount Policy.)
- Since insurance plans cannot guarantee all eligibility or benefits, we cannot do so either. In those situations where the services APP provides are not covered by your insurance carrier, you will be responsible for any and all services over and above your insurance limits, as well as all non-covered medical services.
- **Co-payment or co-insurance** specified by your insurance carrier is **expected at the time services are rendered**. Cash, checks, money orders, credit/debit cards are all acceptable forms of payment.
- If you are unable to make your co-payment at the time of your child's medical visit, your account will be charged a **service fee of \$30.00**. Both the co-payment and service fee are due prior to your next office visit.
- The responsible party (whether single, divorced or legally separated) accompanying the child at the time of his/her medical visit is the person responsible for making the co-payment as well as payment of any additional bills related to the medical service provided that date, regardless of who provides the insurance coverage.
- Bills and bill-related correspondence are sent to the responsible party whose name is on the insurance card. Please notify APP's billing office, 404-699-1339, if someone other than this person should receive copies of bills/correspondence.
- APP will process and file your insurance claims for medical services performed at our clinic at no cost to you.
- Any outstanding claims not paid by your insurance company within 60 days of billing will be due by the patient's responsible party.

For Patients Without Insurance

- Patients who do not have insurance or who cannot provide proof of insurance at the time of treatment, are considered self-pay patients. Please see APP's Self-Pay Discount Policy for details, including special discounts for payment in full at time of service.

For ALL Patients (With and Without Insurance)

- Any balance over 90 days old is considered delinquent and will be turned over to an outside collection agency. In the event your account is turned over to collection, you will be billed and are responsible for paying the balance, **plus a \$30.00 service charge**. Once an account has been turned over to collection, your account must be paid in full before any future services are rendered.
- Returned checks are subject to a handling fee of \$30.00.

If you have any questions about APP's Financial Policy, please discuss them with our business office, 404-699-1339. Thank you. I have read, understand and agree to my financial responsibilities under this policy.

Parent/Guardian/ Responsible Party

Date