



FINANCIAL POLICY

If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our financial policy.

- As a courtesy, we will process and file your insurance claims for services at no cost to you.
- For services that are covered by insurance, Atlanta Pediatric Partners requires the co-payment or co-insurance specified by your insurance carrier. Cash, checks, money orders, credit/debit cards are all acceptable forms of payment.
- All co-payments are expected at the time services are rendered. The responsible party accompanying the child at the time of the visit is responsible for making the payment, regardless of which parent provides insurance coverage. If you are unable to make your co-payment at the time of the visit, your account will be charged a service fee equal to the amount of your co-payment. This payment will be due by or before the next office visit.
- For services that are not covered by insurance, the practice requires payment of 100% of total charges unless payment arrangements have been worked out.
- Patients who do not have insurance, or who cannot prove insurance coverage at the time of the visit are considered self-pay patients. APP will require you to complete and sign the *Self Pay Policy* form, which will be given to you prior to rendering services. Details of the policy appear in the form.
- Returned checks are subject to a handling fee of \$25.00.
- Any delinquent balance over 120 days old will be turned over to an outside collection agency. In the event your account is turned over for collection, you will be billed and responsible for paying the balance, in addition to a \$30.00 service charge. Once an account has been turned over to collections, your account must be paid in full before any future services are rendered.
- Bills and correspondence regarding bills are sent to the responsible party whose name is on the insurance card. Please notify our billing personnel if someone other than this person should receive copies of bills/correspondence.
- In cases where parents are divorced or legally separated, the adult seeking treatment is the one responsible for the co-payment and any bills related to that date of service. Both parents will be required to complete and sign a patient registration sheet and practice financial policy.

You must realize that:

1. Your insurance is a contract between you and your employer and/or the insurance company. While we may be a provider of services, we are not a party to that contract. We encourage you to contact your insurance carrier personally in order to remain informed of your benefits.
2. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover or those they may consider medically unnecessary, and, in some instances, you will be responsible for these amounts. We will make every effort to ascertain your coverage for our services before treatment and will make you aware of our findings. However, this does not guarantee payment from your insurance carrier.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. If you have any questions about the above information, or any uncertainty regarding your insurance coverage, PLEASE do not hesitate to ask us. We are here to help you.

PLEASE READ THE ABOVE CAREFULLY BEFORE SIGNING

Signature: _____
(Patient and/or Responsible Party)

Date: _____