FULL PAY DISCOUNT POLICY

PATIENT'S NAME: _____

ACCOUNT NUMBER: _____

It is the policy of Atlanta Pediatric Partners, PC to charge all patients an equitable amount for health care services provided. For patients covered by managed health care plans or government programs, the rates charged for services are determined by negotiated contracts or governmental policy. For those patients not covered by a third party payer, the practice's billed charges will be discounted to an equivalent rate to assure that the privately paying patient will pay essentially the same price for health care as the insured patient.

DISCOUNT RATES:

Effective July 9,2010

- Physician/Nurse Visits: 60% of billed charges
- Procedures: 60% of billed charges
- Vaccines: Prices equivalent to VFC (Vaccine For Children Program) charges allowed for uninsured patients.

BUSINESS OFFICE PROCEDURES

- For patients registered as private pay, the billing department will automatically apply the discounts. The discount is permanent and is displayed on the billing statement.

- Payment is expected at the time of the visit**. If payment is not received at the time of visit, the discount will not apply. A $60.00 "good faith" deposit will be required *prior* to rendering services and applied to the balance. The charges will occur at 100% and expected to be paid in full within 30 days from the date of service.**

- Accounts will be referred to bad debt at the bill charge amount.

- This discount does not apply to patients with third party payer coverage who wish to avoid payment of large deductibles.

- **Any labs ordered by the physician and sent to a third party (i.e. Quest, Labcorp, Medtox, etc). may be subject to additional costs. You may receive a bill directly from the laboratory. Please call the respective laboratory regarding billing issues/questions.**

- Atlanta Pediatric Partners, PC will not file claims for _____
  (Date of Service)
- Should you decide to seek reimbursement *directly* from your insurance company please note that payment will based on your insurance company's contracted amount.

Parent/ Guardian Signature _____

Iyabode Akinsanya-Beysolow, M.D., M.P.H., F.A.A.P.

Dorothy P. Wiggins, M.D., F.A.A.P.