

# East Cobb Pediatrics and Adolescent Medicine

## Financial Agreement

East Cobb Pediatrics and Adolescent Medicine is dedicated to providing the best possible medical care for your child in a warm and friendly atmosphere. With this in mind, we have provided you with our financial agreement in order to avoid any misunderstanding concerning payment for the care provided to your child.

### **INSURANCE COVERAGE**

We accept most insurance plans except Kaiser HMO and PPO plans, Peach State, Ambetter, and Amerigroup. If you are not certain if we participate with your plan, please call your insurance carrier. **You must present your child's insurance card at every visit.**

Patients must know their insurance plan benefits. For example, some plans may not cover well-visits after a certain age. It is **your** responsibility as the insured to understand the limitations of your coverage.

**Co-payments are collected when you check in.** Co-payments are collected for sick visits, follow up visits, and well visits if required by your plan. **Co-payments cannot be waived.** We will not bill for co-payments. Failure to pay your co-payment at the time of your visit will result in a **\$30 surcharge.**

If we are contracted with your insurance company, we will routinely file all claims. **Some of the services we provide may not be covered by your insurance; and you will be responsible for these charges, and any deductibles or co-insurance that may apply.** If we've verified that your claim has been received, and payment has not been sent within 30 days by your insurance company, the balance will be transferred to you. Payment in full will be expected within 30 days. **If you disagree with how your claim was processed, please call your insurance company.**

**A \$50 deposit is collected for high deductible plans.**

**If we are not contracted with your insurance carrier, or you have no insurance and are self-paying, your charges must be paid in full at the time of service.** We will be happy to provide you with an itemized copy of your charges if you plan to submit to an insurance company. We will reimburse you when we receive payment.

**New parents please note that it may take several weeks for your insurance plan to activate coverage for your baby. Please be sure that your paperwork has been received by your insurer so that coverage will be in place before your baby's one month check to avoid paying out of pocket for the visit.**

### **NEED ASSISTANCE WITH YOUR INSURANCE?**

Our business office is available Monday through Friday during regular office hours. For assistance, please call 770-977-0094 and speak to: **Jessica Hill ext. 138** (Aetna Plans, Cigna Plans, United Healthcare, Humana, Kaiser PHCS, Tricare and Coventry); Charlotte **Cato ext. 146** (Patient Balances); **Wynette Davis ext.130** (MediCaid, CareSource, WellCare, Blue Cross Plans, PHCS, Southcare, and all other commercial plans). To contact the Business Office Manager, please call **Carole Sterling at ext. 141**, or send your e-mail to: [csterling@eastcobbped.com](mailto:csterling@eastcobbped.com)

### **CHANGE OF INFORMATION**

Yearly updates are required by law. However, it is very important that you inform us of any changes in address, phone numbers, or insurance during the year. Any changes can directly affect payment of services as well as the ability of our staff to contact you.

We will routinely ask for your current insurance information. If you have a change of insurance, please notify the billing office at least 48 hours before your child's next appointment so that we may verify your child's coverage. If we cannot verify coverage, you will be asked to pay in full on the day of service.

## **PAYMENT OF SERVICES**

For your convenience, we accept personal checks, cash, Visa, MasterCard, American Express, and Discover. **You can also pay through our Patient Portal at [www.eastcobbpediatrics.com](http://www.eastcobbpediatrics.com). Use our Patient Portal to pay as a guest, or create an account to make payments and set up payment plans from home.** Co-payments and other out-of-pocket expenses are due at check in. **The adult accompanying the child to the appointment is responsible for co-payments.**

You will receive statements for any balances applied to you by your insurance company. Balances must be paid upon receipt of your statement. **Patients with delinquent balances will not be permitted to schedule routine well exams for their children until their delinquent balance is paid in full.** Balances over 90 days will be transferred to an outside collections firm. Multiple balances transferred to collections may result in dismissal for non-payment of services.

**\*\*\*When parents are divorced or separated, the custodial parent will receive billing statements regardless of what is stated in the divorce decree. It is the parents' responsibility to work out a payment agreement together. The parent or authorized adult accompanying the child is responsible for all co-payments, deductibles, co-insurances, and any other out-of-pocket expenses.\*\*\***

**East Cobb Pediatrics and Adolescent Medicine will not serve as an intermediary in custody related treatment or billing matters. Accounts for minor children of separated or divorced parents are the responsibility of the parent who consents to the treatment.**

We understand that our families occasionally have financial problems. Our business office is always available to help you and will be happy to work with you on a payment plan. Please call the business office at 770-977-0094 as soon as possible if you need to make payment arrangements.

**If you would like to know what services are charged separately from the office visit, please go to our website, [eastcobbpediatrics.com](http://eastcobbpediatrics.com), choose the Information drop-down, and click on "I Was Charged for This?"**

## **CAMP AND SPORTS FORMS**

Camp or sports forms brought in during a well visit will be completed free of charge. There is a **\$10 charge** for forms dropped off for completion, and they require a 48 hour turn around time. **A \$20 fee will be charged for same day completion requests.**

## **MEDICAL RECORDS**

There is a \$20 charge for labor and copying costs for paper copies of medical records for patients transferring to a new primary care physician. Records are also available in electronic form for \$6.50. Fees are collected prior to releasing records to parents or new PCP practices.

## **RETURNED CHECKS**

There is a \$25 fee for every returned check. After 2 returned checks we will ask that all future payments be made in cash.

## **MISSED APPOINTMENTS**

East Cobb Pediatrics makes every effort to schedule your child at your convenience. We do ask that if **you must cancel an appointment that you notify us no less than 24 hours in advance for physicals, parent counseling, and ADHD visits.** Failure to cancel or to keep an appointment will result in **a \$50 missed appointment fee.** Failure to provide **1 hour notice** to cancel a pre-booked sick and sick follow-up visits will result in **a \$25 missed appointment fee.**

An appointment that you cannot keep can be given to another child who is in need of treatment. **Families neglecting to cancel appointments on three occasions or more may be asked to find care elsewhere.**