

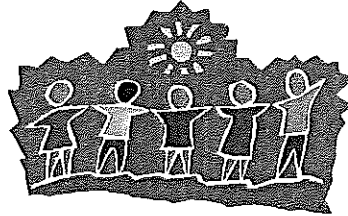
East Cobb Pediatrics & Adolescent Medicine, P.C.

1121 Johnson Ferry Road, Suite 220
Marietta, Georgia 30068
(770) 977-0094
Fax# (770) 509-9463

6110 Pine Mountain Road Suite 202
Kennesaw, GA 30152
(770) 795-4553
Fax # (770)795-4513

A Kids Health First Practice 

Marisa R. Gadea, M.D.
Elizabeth Kemp, M.D.
Karen Thrower, M.D.
Amanda McGahee, M.D.
Padma Iyengar, M.D.
Daniel Heine, M.D.
Tracy Barr, M.D.
Laura Badwan, M.D.



Barbara Cossman, MSN, CPNP, IBCLC
Sharon Lebedin, RN, CPNP
Shelly Brown, RN, CPNP

Self Pay Policy

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

I am self pay because (choose one): I have no medical insurance _____ (please initial)

East Cobb Pediatrics is not in my insurance network _____ (please initial)

Please list insurance company _____

If we are not in your insurance network, we cannot initiate referrals for your child. Specialist visits, referrals, etc, may not be covered if ordered by an out of network provider.

******Any additional charges incurred during your visit such as labs, vaccines, medications, medical procedures, or a more complex office visit will be collected before you leave. There will be no exceptions.******

Payment in full is due on the day of the visit.

If East Cobb Pediatrics is not in your insurance network, some medical services such as labs, prescriptions, referrals, or X-rays may not be covered by your insurance. Please call your insurance company to verify if a service will be covered.

I acknowledge that I have read the Self Pay Policy.

Name _____ Date _____