



PAYMENT POLICIES

We are committed to providing the best possible care and service to our patients and their families. Our Payment Policies ensure that we can provide this care in a consistent and cost effective manner.

I. Payment

Payment and/or proof of valid insurance are due at the time of service. We do not accept post-dated checks. We reserve the right to cancel any appointment or we may refuse to render services for refusal to pay. If you are uninsured or do not have proof of active insurance at the time of service, we will collect the office visit charge in advance and offer a cash discount on select pre-paid services and procedures. Any charges for additional services rendered will be due immediately and collected on the day of service. Upon request we will provide *estimated* treatment costs prior to an appointment, but the medical provider must examine the patient before determining the exact treatment necessary so it is impossible for us to quote guaranteed fees for any treatment plan (other than the office visit charge) *before* your child sees the provider. If you have questions or concerns about the cost of any treatment or service, it is your responsibility to ask your provider for a summary of these costs *before* we render treatment.

II. Billing

Statements are mailed monthly for any balance remaining after insurance has paid and you agree to pay all balances immediately upon receipt. We do not send statements for charges that are still pending insurance so any statement you receive will reflect only the “patient portion” of the account balance due as of the time of printing- and may not show the “total” account balance if there are charges remaining that have not yet been processed by your insurer. You should receive an Explanation of Benefits (EOB) from your insurance company within 7-10 days of any care rendered by our office that will detail any balances that are your responsibility, and your payment to us for any remaining balance is due at that time. Regardless of your receipt of an insurance EOB or statement from our office, all patient balances are due and must be paid in full prior to receiving any additional treatment or services. Payment in full must be received by our office within 30 days of the statement date or your account will be considered past due. A Statement Rebilling Fee of \$5.00 per month/ each month applies for any patient balance that remains unpaid for 30-days from the initial statement. If your account is 31+ days past due, we reserve the right to require payment prior to scheduling any additional appointments. If we are unable to collect payment from you within 90-days for any patient balance, your account may be turned over to an outside collection agency and you agree to be fully responsible for additional charges and payment of all related Collection Fees (equal to 50% of your total balance due). We understand that financial difficulties sometimes happen and offer structured payment plans upon request. All payment arrangements will require a credit card on file for monthly installment billing, and considered only for current accounts with balances less than 30 days old. Account payment arrangements are handled exclusively by our Billing Office and must be made prior to/ in advance of any appointment. Please call 770-425-5331 for assistance.

III. INSURANCE—Co-Payments, Co-Insurance, and Deductibles

Insurers contractually require us to collect co-payments, co-insurance, and deductibles. We will collect these items prior to your appointment/ upon check-in. We will not waive or bill these later. If your insurer covers Well-Visits at 100% but additional consultation or treatment of any condition is provided at the time of the checkup, your insurance will apply a co-pay to the visit. If you are unsure if an additional co-payment or co-insurance applies to your visit, it is your responsibility to stop at the reception desk prior to leaving our office.



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Given the significant and unnecessary costs we incur when billing for co-payments, co-insurance, or deductibles due at the time of service, we will charge a \$25 Administrative Billing Fee in addition to these items if you do not pay and we are required to bill for them.

IV. INSURANCE—Benefits

Your insurance plan is a specific contract between you and your insurer. We will confirm eligibility and collect payments from you at the time of service based upon this eligibility. If we are unable to verify benefits, you are required to pay in full at the time of service. Insurance eligibility verification does not guarantee payment by your insurance company. It is your sole responsibility to understand your terms of eligibility, benefit plan, covered services, non-covered services, and participating laboratories or other external facilities before your scheduled appointment time and prior to seeking any treatment or services with this office. For example, not all plans cover annual-healthy (well) physicals, sports physicals, or hearing and vision screenings. If these are not covered, you will be responsible for payment. It is your responsibility to know if a written referral or authorization is required to see specialists, whether pre-authorization is required prior to a treatment or procedure, and what services your insurance will or will not pay for. If we order services on your behalf from an external lab or facility, these are billed separately from our services. If you receive a bill from any other provider for services ordered by our office, please contact them directly as noted on the statement to resolve any related questions or billing concerns.

V. INSURANCE—Claims

You are personally responsible for any services rendered by our office, but we will gladly file your insurance provided it is a plan that we participate with AND you have provided us with accurate demographic information required for claim filing prior to our rendering service. An active, primary insurance card and photo identification must be presented prior to treatment at each visit. Payment is required in full without an active insurance card. If the insurance company you designate at the time of service is determined later to be inactive or incorrect, or if you fail to provide prior notice of any demographic changes that result in the denial of your claim, we will look to you for immediate payment of the visit in full. Any subsequent claim re-filing for your reimbursement from your insurance carrier will be your sole responsibility. **We do not retroactively file insurance, and do not file secondary insurance.** If you have not received an Explanation of Benefits from your insurance carrier within 30-days of treatment or services, please contact your insurer to expedite payment and to ensure that they do not need any additional information from you in order to process the claim. Insurance claims filed timely and accurately by our office that remain unpaid after 60-days of the date of service are automatically transferred to your responsibility and you agree to pay all charges in full.