

Sandy Springs Pediatrics and Adolescent Medicine, PC
Financial Policy

Thank you for choosing Sandy Springs Pediatrics as your health care provider. The following is a statement of our Financial Policy, which we ask you to read and sign.

INSURANCE COVERAGE

Due to frequent changes in health insurance coverage, we require that you provide proof of coverage at each visit. If you do not have insurance, are unable to provide proof of coverage, or are on a plan in which we do not participate, full payment is required at the time of your visit.

It is very important that you take an active role in understanding your insurance benefits. It is impossible for us to keep track of all the individual requirements of each plan and each company. Please make sure that you understand the benefits and requirements of your plan and be aware of any changes that may occur over time. Some plans do not cover the hearing and vision testing we provide beginning at 4 years of age. Some plans do not cover annual exams after a certain age, usually 5 or 7 years

PAYMENT METHODS

- All co-payments and deductibles are due at time of service. These fees by law cannot be waived.
- For your convenience, we accept cash, check, check cards, VISA/MASTERCARD.

CONTRACTUAL INSURANCE

If we are a participating provider, all co-pays and co-insurance amounts are due at time of service. We will routinely file your insurance claim for each visit. Should there be a dispute with your insurance company, we will attempt to resolve it for you. **A statement will be mailed to you only if you are responsible for payment.**

For all insurances other than HMOs, if your insurance has not paid within 90 days, you will receive a bill for the balance, which must be paid upon receipt. Your insurance is a contract between you and your insurance company; therefore your balance is your responsibility.

Some of the services provided may be non-covered services and not paid by your insurance coverage. You are personally responsible for these services.

NON-CONTRACTUAL INSURANCE

For those plans with which we do not have a relationship, you will be responsible for your entire bill at time of service. We will provide you with an encounter form at each visit so that you may file the claim with your insurance company.

RETURNED CHECKS

There will be a returned check fee of \$25. If you have more than one returned check you may be asked to leave the Practice. Unpaid fees will be subject to referral to a collection agency.

MEDICAL RECORDS

Medical records are the property of Sandy Springs Pediatrics and Adolescent Medicine, PC. A copy of the medical record may be furnished upon written request within 30 days of receipt of request at a reasonable fee to cover the cost of copying and mailing the records.

1. Written request must include:
 - a. Child/Children name and date of birth
 - b. Address where the records are to be sent
 - c. Your address and phone number
 - d. Signature of parent/guardian or patient if over age 21 authorizing release of records

