

Pediatric Associates of North Atlanta, P.C.

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FINANCIAL POLICY

Pediatric Associates of North Atlanta's primary goal is to provide superior medical care for each child in our practice. In reaching this goal, we must be able to communicate openly and effectively with our patients and their caregivers. This financial policy outlines some important changes that we would like to bring to your attention.

OUR POLICY ON INSURANCE

As a courtesy to our patients, we want to assist you in using your insurance correctly. In order to accommodate the needs and request of our patients, we are enrolled in numerous managed care insurance programs. While we are pleased to be able to provide this service to you, it is imperative that we have your cooperation and understanding. We will verify coverage when new insurance is presented at the time of the visit. Because of the frequency in coverage changes these days, you as the policyholder are required to present the patient's insurance card whenever requested to ensure proper insurance filing information.

Responsibility of Patient

1. Present current insurance card at each visit.
2. Co-pays, co-insurance and non-covered service fees, as verified with your insurance company by our staff prior to your child's visit to our office, will be collected at the time of service.
3. Patients with applicable plans must designate one of our physicians as the PCP prior to your child's visit.
4. Patients with HMO and some POS plans must contact our office before seeing any specialist for a referral. Primary care physicians cannot give you a referral after the visit.
5. Know your insurance company's requirements for pre-certification.
6. **Yearly wellness exams will be filed to your insurance company with the expectation that they will be covered at 100%. If any portion of the visit is not considered to be part of your wellness plan, the patient will be responsible for the amount designated by your insurance company.**

Administrative Service Fee (ASF)

As a courtesy to our patients, we will complete any required forms as a free service during a patient's well-child office visit.

Forms included but not limited to:

School registration forms 3231 and 3300	School Medication Auth. School Physical forms
Insurance Applications	Boy-scout or Girl-scout forms
Over-the-counter medication prescription requests (FSA)	Katie Beckett forms
F.M.L.A. forms	Computer generated account reports
Camp Forms	Any other necessary forms

**There is a fee for all forms outside the well exam.
You may pay an annual ASF fee of \$20.00 for the
current year or \$15 per form.**

After Hours Telephone Calls

Our office has provided the services of the CHOA nurse advice line for after-hours calls at no cost to our patients. Due to significant increases in the rates of the nurse advice line, we are no longer able to absorb this cost. **After-hours calls to the CHOA nurse line or to physician on call will now incur a fee of \$15 per call.** We encourage you to call our P.A.N.A. phone nurses during routine office hours with your questions, and reserve after-hours calls for emergencies only.

Cancellations and Missed Appointments

We require 24 hours cancellation notice for checkup appointments. Failure to cancel will result in a **\$50 fee**. If you miss your child's sick appointment and do not call to cancel prior to the appointment time, you will incur a \$25 fee. Cancellation fees are payable before or at your next office visit.

Collections Policy

To streamline the billing process, we will submit all claims to the insurance company on record. Should an overdue bill go without payment after significant efforts have been made by PANA, we will forward the claim to a collections agency. Once a patient's account has gone into collections we will not be able to schedule future appointments or order prescriptions until payment has been made. If an account remains in collections without payment made, we will have no other option but to discharge the patient from our practice.

Please sign below to acknowledge that you have read and agree to this financial policy, and agree to accept the responsibilities as described above. This form will remain valid until office policies change, at which time a new form will be given to sign.

Signed _____ Date _____