

WEST ATLANTA PEDIATRICS OFFICE POLICIES

West Atlanta Pediatrics is committed to providing your family with the best possible medical care. In order to provide care in the most efficient manner possible, it is important that parents understand our policies regarding payment for services, insurance filing, collection processes, appointment cancellations, referrals, prescription refills, forms and immunizations.

FINANCIAL POLICIES

1. It is your responsibility to pay your co-pay, co-insurance or deductible at the time of service. Payment may be made by cash, check, Visa, Mastercard, American Express or Discover. WE DO NOT BILL FOR CO-PAYS.
1. If payment is not made by the end of business on the date of service, a \$10.00 service charge will be applied to your child's account.
2. You are responsible for any charges not covered by your insurance plan.
3. If your child has insurance that we do not participate with, or if your child does not have insurance, payment in full is expected at the time of service. If payment arrangements need to be made, those arrangements should be made prior to the office visit.
4. Physicals, well-child check-ups, ADHD rechecks and other elective visits may be rescheduled or cancelled if there is a past due balance on the family account that is not current on a payment plan.
5. The parent or adult who brings the child for care is responsible for payment due at the time of service. Please do not place our practice in the middle of divorce or marital disputes. It is your responsibility to work out payment arrangements for your child's medical care with the other parent. We will be happy to provide you with a receipt for your payment so that any money due you from the other parent can be recouped.
6. We do not file secondary insurance for co-payments unless your secondary plan is a Medicaid plan.
7. A \$45.00 fee will be charged for any check returned for insufficient funds.
8. It is your responsibility to provide our office with your most current insurance information and a copy of your most current insurance card. Many insurance companies have 60 or 90 day filing limits. If current/correct insurance information is not provided in time for us to file a claim, the balance for that visit becomes your responsibility.
9. If your insurance plan is one that requires a primary care physician (PCP), one of our doctors must be on your card. If our practice is not listed as your child's PCP, you will be responsible for all services rendered until the correction is made.
10. If your insurance company requests information from you in order to process our claims, please provide that information as soon as possible. If you do not provide information within 30 days of the request, the balance will become your responsibility.
11. If you have a past due account that is turned to our collection agency, your children will be dismissed from our practice for non-payment. In order for them to be reinstated to the practice, the collection balance must be paid in full.
12. Please call us promptly if you have a question about your bill. Most problems can be solved quickly and easily. We are happy to work with you to take care of your financial obligations, but it requires that you communicate with us if there is a question or a problem.

APPOINTMENT CANCELLATION

1. We ask that you provide us with a 24 hour notice of appointment cancellation whenever possible. This allows us to give that appointment to another child who needs to be seen.
1. We have a strict no-show policy for missed appointments. If your child misses 3 visits in a 12 month period without notifying us BEFORE that appointment time, your children will be dismissed from the practice. If one of the no-shows is a checkup, only one additional missed appointment will be allowed. Upon notification of dismissal, we will provide emergency care for thirty days in order to give you time to find another healthcare provider for your children. No-shows affect everyone, especially other patients. PLEASE simply call us ahead of time if you realize that you are not going to be able to come for a scheduled visit.
2. As a courtesy, we make every effort to confirm appointments the day before, but it is your responsibility to remember appointments that you have scheduled.
3. If you are 10 minutes or more late for your appointment, you may be asked to reschedule.

IMMUNIZATIONS

1. It is the policy of West Atlanta Pediatrics that all children who come to us for care receive all immunizations recommended by the American Academy of Pediatrics. The immunization schedule changes from time to time as new vaccines become available. We are unable to provide care to families who do not follow these guidelines. West Atlanta Pediatrics believes that immunizations are of vital importance in the health of children individually and the population as a whole. There are no exceptions to this policy. If there are questions, please do not hesitate to let us know. You may refer to the A.A.P. website (www.aap.org) regarding immunization practices and recommendations.

TRANSFER OF RECORDS

1. If you transfer records to another practice, we are happy to provide one copy of your child's medical record free of charge. Any additional records requests will require a \$25.00 fee paid in advance to cover copying and mailing costs.

REFERRALS

1. Advance notice is needed for all non-emergent referrals, usually 3-5 business days. The amount of time needed varies by insurance company. It is your responsibility to know your benefits and how they work. If you plan requires a referral when your child sees a specialist, you will need to notify our office as soon as you have made the appointment. We will need to know your child's name, birth date, the specialist's name and specialty, the reason for the visit, which office location, and the phone and fax numbers for the specialist.
1. In general, if it is not an emergency situation, your child will need to be seen for a problem before any referrals are given for specialist visits.

PRESCRIPTION REFILLS AND FORMS

1. Please allow 24 hours for medication refills. When requesting a refill, please provide your child's name, birth date, medication name and dosage, pharmacy name and phone

number and whether you will be picking up the prescription or need it to be phoned out to your pharmacy.

1. ADD/ADHD medication refills must be picked up each month at our office and cannot be phoned out to a pharmacy.
2. Please allow 72 hours for immunization, camp, school and sports forms. When possible, please bring forms with you to your child's well check-up visit so that they can be completed at that time.
3. We follow the guidelines established by the American Academy of Pediatrics and require that patients be seen according to their preventative care schedule. We also require that patients with asthma or ADHD be seen quarterly. Medication refills will not be given if the patient has not had their quarterly. Medication refills will not be given if the patient has not had their quarterly recheck.

I acknowledge that I have read and understand WEST ATLANTA PEDIATRICS Office Policies.

Parent/Guardian Signature

Date