



Patient Financial Policy

Welcome to ABC Pediatrics, PC.

We are committed to providing high-quality care to all of our patients. To ensure a smooth experience for you and your family, please review our financial policy. By bringing your child(ren) for treatment, you agree to the terms outlined below.

1. Payment for Services

Payment for all services provided is expected at the time of service, unless prior arrangements have been made. We accept the following forms of payment:

- Cash
- Checks
- Credit/Debit Cards (Visa, MasterCard, Discover, American Express)
- Health Savings Accounts (HSAs)
- Flexible Spending Accounts (FSAs)

2. Insurance Information

We participate with several insurance plans and will file insurance claims on your behalf. However, it is your responsibility to verify that we are an in-network provider with your insurance company prior to your appointment.

- **Insurance Verification:** Please provide us with the most current insurance information. This includes your child's primary and secondary insurance, as well as any changes to your coverage or policy.
- **Co-Payments/Co-Insurance:** All co-payments, co-insurance, and deductibles must be paid at the time of service. If your insurance requires a referral or pre-authorization, it is your responsibility to obtain this prior to your visit.
- **Non-Covered Services:** If services are not covered by your insurance, you will be responsible for the full amount.
- **Coordination of Benefits:** If you have a commercial insurance and have a Medicaid plan, the commercial plan will be processed first. You are responsible for updating Medicaid if you no longer have commercial coverage.

3. Self-Pay Patients

If you do not have insurance or choose not to use your insurance, payment for services is due at the time of service. We offer a prompt pay discount for patients without insurance. We will also offer a payment plan for established patients provided the parent has a positive payment history with the practice.

4. Billing

- **Statements:** You will receive a monthly statement for any outstanding balances. It is your responsibility to review and ensure the accuracy of the information on your bill.
- **Payment Plans:** If you are unable to pay your balance in full, we offer flexible payment plan options. Please contact our billing department to discuss available options.
- **Outstanding Balances:** Accounts that remain unpaid for over 90 days will be subject to collections. Collection fees may be added to the outstanding balance.
- **Delinquent and Collection Accounts:** You will receive up to three patient statements for any balances on your account after insurance payments and adjustments have been applied. Any unpaid delinquent debt, including no-show fees, owed to ABC Pediatrics may be referred to an outside collection agency. Failure to pay the balance or failure to abide by the approved payment arrangements may have a negative effect on your personal credit report. You will be responsible for all additional collection agency expenses incurred by ABC Pediatrics in the course of obtaining payment. The collection agency fee is currently 30% of the outstanding balance.

5. Missed Appointments & Cancellations

- **Appointment Cancellations:** We ask that you notify us at least 24 hours in advance if you need to cancel or reschedule your child's appointment.



- **No-Show Fee:** If you do not show up for a scheduled appointment or fail to cancel within 24 hours, a no-show fee will apply. No-shows fees are not covered by insurances, so the fee(s) will be the direct responsibility of the parent.

6. Patient Responsibility

It is important to note that you, as the parent or guardian, are ultimately responsible for the payment of your child's healthcare services, regardless of your insurance status or coverage.

- **Secondary Insurance:** If your child has secondary insurance, it is your responsibility to provide us with that information.
- **Legal Guardians:** If you are a legal guardian, you are responsible for all financial aspects of the care.

7. Consent to Treatment & Financial Responsibility

By signing this document, you acknowledge that you have read and understood our financial policy. You consent to treatment and understand that payment for services rendered is your responsibility, even if insurance is involved. You authorize ABC Pediatrics to submit insurance claims for services rendered to your child for payment. You authorize the release of any medical information necessary to process the insurance payment. You understand that you can revoke this authorization at any time, with the understanding, the revocation will result in your financial status being changed to self-pay. You also agree to promptly pay any balances owed after insurance has processed the claim.

8. Patient Information Updates

Please keep us informed of any changes to your personal or insurance information, including addresses, phone numbers, email addresses and insurance plans. It is your responsibility to provide up-to-date information.

9. Financial Assistance

If you are experiencing financial hardship, please contact our billing department to discuss possible options for payment plan arrangements. Within reason, we will work with you to create a manageable payment plan.

10. Contact Us

For any questions regarding your bill, payment options, or insurance issues, please contact our billing department at 770-415-2445 or kandkbilling@bellsouth.net.

Print Patient's Name: _____ **Date of Birth:** _____

Parent/Guardian Signature: _____ **Date:** _____

Thank you for choosing ABC Pediatrics for your pediatric healthcare needs! We are dedicated to providing exceptional care to your family.