



FINANCIAL POLICY

We are committed to providing our Grayson Pediatrics, LLC families with outstanding pediatric care. We have business office staff to address your billing and insurance questions. Our staff is available by phone 678-381-2630 or in person at 297 Cooper Road, Loganville, GA 30052. We are open Monday through Friday 8:30am to 5:00pm.

It is our goal to make sure you receive the maximum financial benefit from your insurance provider and to make sure that your account is handled in the most efficient manner possible. In order to accomplish this goal, it is important that we have your understanding and cooperation in adhering to our financial policies.

Account Responsibility - As the parent or guardian of a child registered with Grayson Pediatrics, LLC, you are agreeing to be responsible for all balances incurred on behalf of your child’s medical care. **All balances are due upon receipt of a statement from our offices.** Your billing statements are posted to your child’s patient portal, which may be found on our website, www.GraysonPediatrics.com, under the patient portal tab. If you feel your statement is incorrect or you are having financial difficulties, please contact our business office within 14 days. If your insurance company denies your claim or does not pay your claim within 45 days after we have filed the claim, the outstanding balance becomes your responsibility. Please contact us immediately if you are having a dispute with your insurance company or you think your claim has been denied in error.

Parent Payment Responsibility- The parent authorizing treatment for a child will be the parent responsible for those charges. If a divorce or custody decree requires the other parent to pay all or part of the costs, it is the authorizing parent’s responsibility to collect from the other parent. If the non-custodial parent is responsible for medical treatment charges on behalf of the child, we advise that the non-custodial parent or guardian responsible for payment of charges for a child’s medical treatment be present at the first patient visit of the child to sign the necessary papers. Otherwise, the parent authorizing the treatment will be responsible for those charges, until such time as the appropriate forms are signed by the parent responsible for medical treatment costs and such signed forms are delivered to our office. Grayson Pediatrics, LLC will not intervene to determine a parent’s responsibility for payment.

Initial Here: _____

Payment for Services - Payment in full is due at the time of service. We accept cash and all major credit cards as forms of payment. If you are enrolled in an insurance plan in which we participate, we will file your claim for you. Payment is expected in full at the time of service for:

- Copayments. If you do not have your copay at the time of the visit, we will bill you for a \$15 administrative fee
- If you have a deductible plan, 80% of the visit is due at the time of the visit
- If we are not contracted with your insurance company
- If you do not have insurance coverage
- If we are unable to verify your insurance eligibility or we do not have your new insurance information on file.

Payment is due within 14 days of receipt of your statement. If your account becomes past due we reserve the right to send you to collections and you will be responsible for all collection and fees that the practice incurs as a result. We reserve the right to refuse to see any patient that has been placed into collection.

Insurance Coverage – To properly file your insurance claim(s), we must obtain a current copy of your child’s insurance card each time you visit our office. This will help your insurance pay your claims in a timely manner and save you from being billed. In the event you do not provide proof-of-insurance, payment will be expected at the time of service. Further, **if you provide us with incorrect insurance information, you will be responsible for the bill. If incorrect insurance information is given that requires a claim to be re-filled, there will be a \$35 re-filing fee.**

- It is your responsibility to contact your insurance company and find out whether or not our Doctors are participating physicians within your particular insurance plan. Some insurance carriers have a PPO, HMO, POS, or indemnity status, and it is very possible that our Doctors may participate in only one of these areas, not in all.
- It is also your responsibility to read and understand your own insurance policy. Certain services and procedures may/may not be covered depending on your own insurance policy. You will be responsible for the charges of any services and procedures that are not covered by your insurance policy.
- The following circumstances may result in you being billed directly (not intended to be an exhaustive list). Remember that your insurance company, not your provider or physician’s office, makes decisions about what will be paid for and what will not.
 - We are no participating physicians in your plan; insurance coverage is not in effect because of the date of visit
 - Non-covered lab work is ordered/performed



- Non-covered service is performed or denied for the reason, “not medically necessary”

Services Rendered – If your child is being seen for a well check-up or preventive visit and another condition is treated during the same appointment, we will bill for each of the services performed.

Initial Here: _____

Description of Administrative Fees – Listed below are services for which we charge an administrative fee. Most of these services are time consuming and cumbersome on staff’s time. These services are not billed to your insurance company unless otherwise indicated and they are your responsibility. Please contact our office for questions about our current administrative fees.

SERVICE and FEES	DESCRIPTION
No show/Missed Appointment Fees	No show/missed appointments will be charged a \$50 “No Show Fee” for each appointment missed. These fees are not covered by your insurance. To avoid such fees please attend all scheduled appointments on time (which is provided to you) or call our appointment line at least 24 hours in advance to cancel the appointment. All No show/missed appointment fees MUST be paid prior to scheduling your next appointment.
NSF Checks	If your check is not honored by our bank we will assess an NSF processing fee, which you will be billed along with a \$20 administrative fee to reprocess your payment.
Insurance re-filing	If incorrect insurance information is given that requires a claim to be re-filed, there will be a \$35 re-filing fee. This fee is not covered by your insurance.
Co-payment & Co-Insurance	Co-payments & Co-Insurance are collected up front and are due at the time of service by the person bringing the patient for the visit. If you do not have your co-pay, we will bill you for a \$20 administrative fee.
After Hours Services	A \$20 after hours fee will be billed to your account when a provider is contacted and reached by phone during non-office hours. This charge does not apply to Medicaid or Katie Beckett.
Health and form fee	We will provide your child with one health form for school (form 3300), certificate of immunization (Form 3231) or camp per year free of charge if given at the prevention visit. These forms requested outside of your child’s prevention visit will be assessed an administrative fee of \$10 each. Other form fees: <ul style="list-style-type: none"> • Sports/physical form: \$45.00 if cash pay or not covered by insurance • Special Olympics form: \$45.00 (unless completed at the well check) • All other forms: \$20.00
Walk-In Visits	If you walk in without an appointment, you may be directed to the Urgent Care Facility or the Emergency Room. We work by appointment only. There will be a \$50 convenience fee in addition to your copay for walk ins. Both your copay and \$50 convenience fee will be due at the time of service.
Ear Piercing	\$75.00 cash for ear piercing service and choice of in-house earrings
Medical Records	If you need a complete set of your child’s medical records, there is a \$25 administrative fee. This charge does not apply to Medicaid.
Third Party Medical Records Requests	If a non-medical entity needs a complete copy of your child’s chart, we charge a fee based on Georgia medical record copying laws. If we refer you to a specialist for further treatment we will send a copy of your child’s chart free of charge.

By signing below, I acknowledge that I have read, understand and agree to abide by Grayson Pediatrics, LLC’s Financial Policy and pay for any and all medical services your child(ren) receive(s) from Grayson Pediatrics, LLC. I understand that if my insurance company refuses to pay, for whatever reason, these fees will become my responsibility.

 Signature of Parent/Guardian Assuming Financial Responsibility Relationship to Child/Children Date