

AGC Pediatrics, LLC

7311 Fairmount Highway
Calhoun, GA 30701
(706)625-5900

189 Professional Court
Calhoun, GA 30701
(706)625-5900

204 Professional Court
Calhoun, GA 30701
(706)625-5900
Fax (706)625-5906

100 Market Place Blvd.
Suite 201 & 302
Cartersville, GA 30121
(706)625-5900

Financial Policy

AGC Pediatrics is dedicated to providing the best possible medical care for your child in a warm and friendly atmosphere. With this in mind, we have provided you with our financial policy in order to avoid any misunderstanding or disagreement concerning payment for services rendered to your child.

INSURANCE COVERAGE

We accept most insurance plans. If you are not certain whether we accept your insurance, please call your insurance carrier to inquire. **You must present your child's insurance card at every visit.**

It is very important that you have a complete understanding of your benefits. For example, some plans may not cover well-visits after a certain age. It is **your** responsibility as the insurance owner to understand the limitations of your coverage.

If we have a contract with your insurance company, **your co-payment, if applicable, is due at time of service, prior to being seen, and cannot be waived.** We will not bill for co-payments. Failure to pay your co-payment at the time of visit will result in a **\$30 surcharge.**

As a courtesy to you, we will routinely file all claims with your insurance company. Some of the services we provide may not be covered by your insurance; and you will be responsible for these charges, and any deductibles or co-insurance that may apply. If we've verified that your claim has been received, and payment has not been remitted within 45 days by your insurance company, the balance will be transferred to you. Payment in full will be expected within 30 days. **Disputed claims are contractual issues between you and your insurance carrier.**

If we are not contracted with your insurance carrier, or you are self-paying, your charges must be paid in full at the time of service. We will be happy to provide you with a copy of your charges to self-file and will reimburse you when we receive a payment from your insurance company.

New parents please note that it may take several weeks for your insurance plan to activate coverage for your baby. Please be sure that your paperwork has been received by your insurer so that coverage will be in place before your baby's 1 month check to avoid paying out of pocket for the visit.

CHANGE OF INFORMATION

We will ask you to update your information yearly. However, it is very important that you inform us of any changes in address, phone numbers, or insurance. Any changes will directly affect claims for services and the ability of our staff to contact you.

We will routinely ask for your current insurance information. However, if you have a change of insurance, please notify the billing office at least **48 hours** before your child's next appointment so that we may verify your child's coverage

PAYMENT OF SERVICES

For your convenience, we accept personal checks, cash, Visa, Mastercard, and Discover.

Co-payments and other out-of-pocket expenses are due at check in. **The adult accompanying the child to the appointment is responsible for co-payment.**

There is a \$10 charge for all camp, sports and school forms that are not presented at the time of your child's physical. All forms have a 48-72 hour turnaround if the provider is in the office and not on vacation or in meetings.

You will receive statements for any balances applied to you by your insurance company. Balances must be paid within 30 days. **Patients with delinquent balances will not be permitted to schedule routine well exams for their children until their delinquent balance is paid in full.** Balances over 90 days will be transferred to an outside collection firm.

****In the event your account is placed with a collection agency, you agree to pay 30% of the principal and interest owing on said account as liquidated damages, and an additional 15% of the principal and interest owing as attorney's fees, for collecting said account ****

In the case of a divorced or separated parents, the **custodial parent is responsible for all co-payments, deductibles, co-insurances, and any other out-of-pocket expense.** If the divorce requires the other parent to pay all or part of the treatment costs, **it is the custodial parent's responsibility to collect from the other parent.**

We understand that our families occasionally have financial problems. Our billing department is always available to help you and will be happy to work with you on a payment plan. Please call the billing office at (706)625-5900 ext. 120 and speak with Beth Channell as soon as possible if you need to make payment arrangements.

RETURNED CHECKS

there is a \$25 fee for every returned check. After 2 returned checks we will ask that all future payments be made in cash or credit card.

MISSED APPOINTMENTS

AGC Pediatrics makes every effort to schedule your child at your convenience. we do ask that if you must cancel an appointment that **you call no less than 24 hours before your appointment to let us know. Failure to cancel or to keep an appointment will result in a \$50 charge for routine physical and counseling or ADD/ADHD related visits.** Please remember that an appointment that you cannot keep might be used for another child who is in need of treatment. Families neglecting to cancel appointments on three occasions or more **may be asked to leave the practice.**

NEED ASSISTANCE WITH YOUR INSURANCE?

Our Insurance and Billing department is available Monday through Friday during regular office hours. For assistance, please call (706)625-5900 and speak to: **Patti Buckner (Insurance), ext. 124 or Beth Channell (Billing), ext. 120.**

For our records and to better serve you, please sign below that you have read and understand our Financial Policy.

Print Name

Relationship to Patient

Signature

Date

Copy of our Financial Policy upon request.