

PEDIATRICS AT WHITLOCK, P.C.
707 Whitlock Ave. Suite D-30
Marietta, GA 30064
770-499-8909 (Office); 770-499-8911 (Fax)

FINANCIAL POLICY

Payment is required at the time services are rendered unless other arrangements have been made in advance. This includes applicable coinsurance and co-payments for participating insurance companies, regardless of who brings the child in for the appointment. Pediatrics at Whitlock, P.C. accepts cash, personal checks (instate only), VISA and MasterCard. Proper identification is required. There is a \$25 service charge for returned checks.

As a courtesy, we will discount your bill for services by 10% if the entire amount due for services rendered is paid at the time of check out on the same day. Patients who do not pay the co-pay at the time of service and/or have an outstanding balance of 30 days will incur a billing fee of \$10 per statement for administrative costs.

Patients with an outstanding balance of 60 days overdue must make arrangements for payment prior to scheduling an appointment. We realize that people have financial difficulty. Therefore, please stay in close communication with our billing department.

INSURANCE:

We bill participating insurance companies as a courtesy to you – you are and remain responsible for ensuring full payment. You are expected to pay your deductible and copayment at the time of service. In addition, if we do not receive payment from your insurance company within 45 days of the date service, then you must pay the outstanding balance in full. Please note that we do not bill secondary insurance companies. Your time of service receipt includes all information necessary for submitting claims to your insurance company.

If you need assistance or have questions, please contact the Billing Specialist between 8:30am and 4:30 pm, Monday through Friday at 770-499-8909 x222.

REFUNDS:

Overpayments that are verified for accuracy will be refunded upon written request to the responsible party within 30 days.

MANAGED CARE:

If you are enrolled in a managed care insurance plan (i.e., HMO), you must receive a referral from our office BEFORE seeing a specialist. NO retroactive referrals will be given.

MISSED APPOINTMENTS/LATE CANCELLATIONS:

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment. We reserve the right to charge for missed or late-cancelled appointments. Excessive abuse of scheduled appointments may result in discharge from the practice.

I have read and understand the Pediatrics at Whitlock, P.C Payment Policy. I agree to and hereby do assign all applicable insurance benefits to Pediatrics at Whitlock, P.C. for services rendered. If Pediatrics at Whitlock, P.C. forwards my account to a collection agency, attorney or otherwise enforces collection against me due to my failure to pay as agreed herein, then I agree to pay, in addition to the amount owed, all fees and costs incurred by Pediatrics at Whitlock, P.C. in collecting my account.

Signature of Insured or Authorized Representative

Print Name of Insured or Authorized Representative

Relationship to Patient

Date