

Conyers Pediatrics would like to take this opportunity to welcome new members to our practice and thank our returning patients. To avoid confusion regarding our current billing policy, please review the following and sign below. A copy will be provided for your records upon request.

1. Co-payments are due prior to being seen by the physician or the nurse. If you are not able to pay your copay at the time of service, you must make arrangements with the practice administrator before your appointment. A service fee for not paying your copay at the time of service may apply.
2. **If your child is seen for a wellness visit and also treated for a medical condition, your insurance carrier may process this visit with a copayment or coinsurance, for which you will be responsible.**
3. If you do not have insurance or are under insured, or are subject to a deductible, payment is due at the time of service. We will hold a check for you up to seven (7) days. All attempts will be made to deposit your check on the date you specify. **We will not, however, be responsible for any fees charged by your bank if your check is deposited too early or later than you requested.**
4. Private paying patients are eligible for a discount only if payment is made at the time of service. Please ask the front office person for details.
5. We accept Visa, MasterCard, American Express and Discover for your convenience.
6. All payment arrangements must be made with the practice administrator prior to your child being seen. If payment arrangements are allowed, it is your responsibility to submit payment within 30 days, whether or not you receive a statement.
7. You may only be sent three statements before we begin collection proceedings. All accounts sent to an outside agency for collections will be assessed up to a 35% collection fee and any applied discounts will be added back to your account. A courtesy call to the last number we have on record will be made but is not necessary in order to forward an account to a collection agency.
8. A \$28.00 service fee will be charged for all returned checks relating to your child's account and any offered discounts will be added back to your account.
9. We will verify coverage through your insurance company's web site or by telephone. If computer and/or phone systems are down and we are unable to confirm coverage, or if your child is not eligible, you will be responsible for full payment at the time of service.
10. Whoever brings your child to the office is responsible for payment. This includes grandparents, babysitters and other caretakers. Please complete the Consent to Treat form specifically naming anyone other than a parent authorized to accompany your child to our office and giving us permission to release your child's medical information to this person.
11. No one under age 18 will be treated without a parent present.
12. **Be aware of your insurance coverage!** We do our best to verify coverage and benefits before your child is seen but this is not a guarantee of coverage. You need to know if you have a deductible or coinsurance, if you have well child coverage, if you need referrals, if a doctor is an in network physician, etc. You also need to know if your insurance will cover a visit to an urgent care center instead of an emergency room. Call your insurance carrier if you have questions.
13. Insurance information should be provided at the time of service. If updated insurance information is not provided to our office within the timely filing limit of your insurance policy, the balance will become the patient's responsibility. Please be advised - timely filing may be as little as 60 days.
14. We file your insurance as a courtesy. If payment is not received from your insurance company within 60 days, the balance is your responsibility.
15. If one of our physicians refers your child to the emergency room or urgent care, please contact our office the next business day. We do not always know where you have gone and will only complete a referral if you call and advise the front office of your child's emergency room visit.
16. If you are sent to a specialist and your insurance requires a referral, please contact the front office once you have the appointment scheduled. We need to know the appointment date and time to complete the referral. Most insurance require at least 48 hours notice for a referral. Please, do not wait to contact us the day of your child's appointment.
17. We have the right to cancel your privilege to make charges against your account at any time. Future visits would then need to be paid at the time of service.
18. Please give our office 24 hours notice if you cannot make your child's appointment. If you do not give us at least **24 hours notice, a service fee of \$25.00 may apply.**
19. A \$10.00 fee may be applied for each form and/or letter not requested within 30 days of an office visit.

We appreciate your cooperation. Please let us know if you have any questions or need assistance with your child's insurance and/or account.

**I accept financial responsibility for the above named child and acknowledge that by signing below, I have read and understand this billing policy. Upon my request, a copy of this policy has been provided for my records.**

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date