

## PEDIATRIC ENDOCRINE ASSOCIATES OFFICE FINANCIAL POLICIES

**INSURANCE PLANS:** In an effort to make our practice as accessible and affordable as possible, we have contracted with numerous insurance plans. Each of these plans has specific rules that must be followed by the insured family (you) and the healthcare provider (us) in order to be in compliance with the plan. Our primary goal is to provide optimal medical care for our patients. However, we are required to provide that care within the guidelines of your insurance plan. Please remember it is your responsibility to understand the requirements of your insurance plan. It is your plan, not ours. There is no way we can keep up with the changing details of literally thousands of insurance plans. Our medical, financial, and legal arrangements are with you, not your insurance company. It is important that you keep us up to date on any changes in your status: new insurance, new address, or new phone number. If payment is denied from the insurance company because your information is incorrect there will be a **\$15.00 charge to re-file your insurance**. If you knowingly present an invalid insurance card your total bill is due immediately.

**REFERRALS:** Many insurance plans require a **REFERRAL**. Specifically, a referral is a written document with a referral number which authorizes you to be seen by our physicians. Your PCP obtains the referral from your insurance company. **We cannot see you without the required referral**. If you do not have a referral for your appointment, we will reschedule your appointment for a later date or you may pay for the appointment in full. This is your insurance plan's rule, not ours.

**CO-PAYS:** Most insurance plans also require that we collect a co-payment each time you are seen in our office. You must be prepared to pay that co-pay during your visit; otherwise we will reschedule your appointment. If we bill you for your co-pay and it is not paid within 30 days a **\$25.00 service charge** will be added. Your insurance company will not pay this service charge; you are required to pay it.

**IDENTIFICATION:** To prevent fraud, Federal and insurance regulations require that we confirm the identity of our patients. You will be asked to **provide a photo ID and your insurance card** during each visit.

**CANCELLATIONS, NO-SHOWS AND LATE CHARGES:** We are a busy practice with patients waiting to be seen. When patients make an appointment and either do not show-up or do not give 24 hours notice that they need to reschedule it makes other patients wait longer to be seen. To assist with this issue we have adopted a

**Cancellation, No-Show, and Late Policy: If you do not cancel your appointment within 24 business hours in advance there will be a Cancellation fee of \$25 for Existing Patients & \$75 for New Patients. If the patient no shows to the appointment there is a No-Show fee of \$50 for Existing Patients (CGMS are \$100.00) and \$150 for New Patients. (Saturday, Sunday, and Holiday's are excluded. Monday appointments must be cancelled the Friday before.) If your child is late for their appointment and we must reschedule, there is a late fee of \$25 for Existing Patients and \$75 for New Patients. Any balance that you may have must be paid before you can be seen at a future appointment. If you miss two appointments consecutively or three within a twelve month time frame without adequate notice you may be discharged from the practice.** You may cancel your child's appointment by dialing **Ext. 166** from the main number at any time, any day.

**ADMINISTRATIVE FEE:** For a convenience our office has satellite locations in Cobb and Gwinnett for an extra **\$10.00** per visit/patient. Every patient is welcome to make an appointment at our satellite locations pending availability, and insurance approval. However if there is a balance on your account you may only make an appointment at the Lake Hearn office.

**ALL OTHER FORMS/LAB & X-RAY ORDERS:** There is a **\$10.00** charge for any School or Camp forms not completed at the time of your appointment and also for any lab/x-ray orders that are lost or expired and have to be rewritten. There is also a charge (usually \$25) for special FMLA, Insurance forms, & legal, medical letters, etc.

**COLLECTION AGENCY/LEGAL FEES:** If your account becomes delinquent and is turned over to our collection agency there will be a **\$35.00** collection fee added onto your account. In the event that your account must go to court for your balance to be collected you will be responsible for all collection fees, attorney fees, court cost and other expenses directly or indirectly incurred by PEA to collect the amount due.

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date