Welcome To
Kennesaw Pediatrics
Your Home for Pediatric Healthcare!

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Advanced Beneficiary Notice (ABN)

YOU WILL NEED TO MAKE A CHOICE ABOUT RECEIVING THESE HEALTHCARE ITEMS OR SERVICES

Your healthcare insurance may NOT pay for the item(s) or service(s) offered at Kennesaw Pediatrics, P.C. that are described below. The plan that you have chosen as your health insurer does not necessarily cover all of your healthcare costs. Insurance only pays for covered items and services. It is the guarantor/parent/legal guardian's responsibility to understand their coverage/benefits as Kennesaw Pediatrics, P.C. cannot guarantee coverage of services.

The fact that insurance may not pay for a particular service does not mean that you should not receive it, especially if your physician recommends that you receive this service.

The purpose of this notice is to help you make an informed choice about whether you want to receive these items/services and knowing that you will have to pay for yourself, out of pocket. By signing below, you agree to take financial responsibility for the cost of the item(s)/service(s).

You are welcome to file a claim with your insurance company directly and attempt to receive payment. However, we make no assurance that you will be successful.

Lab/Procedure	Out of Pocket Cost	Estimated Result Time	For Service via Insurance
Bilirubin/Hepatic Panel	$20	20 minutes	• Must take your child to Lab Corp/Quest location, sign in/wait, have specimen drawn • Results depend on the lab • 3-6 hour for most lab results • Some may take over 24 hours.
Complete Blood Count (CBC)	$20	20 minutes	
Comprehensive Metabolic Chem	$35		
Ear Washing	$55		
EKG	$40		
FLU (Influenza) Rapid Test	$25	10 minutes	
Hearing Screen (OAE)	$95		
SPOT Screen (Ocular Photoscreening)	$35		
Lead Level	$15	10 minutes	
Lipid/Cholesterol Profile	$35	20 minutes	
MonoSpot Test	$25	10 minutes	
Newborn Metabolic Screening/PKU	$75		
RSV Rapid Test	$30	10 minutes	
Throat Culture	$20		
Urine Culture	$20		
Wart Removal	$95		

*Prices are subject to change without notification

This only applies to non-covered charges; not to amounts applied to your deductible

Keep in mind that certain procedures are considered SURGICAL PROCEDURES by your insurance. This may include but not limited to: Foreign Body Removal (splinters, beads, food, and ear wax), Wart Removal, and Ear Washing.

Signature: _____ **Patient Name:** _____ **Date:** _____