Welcome To
Kennesaw Pediatrics
Your Home for Pediatric Healthcare!

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Financial Policy

Thank you for choosing Kennesaw Pediatrics, P.C. as your health care provider. The following is a statement of our Financial Policy, which we require you to read and sign prior to treatment. Please understand that payment of your bill is considered part of your care.

Due to frequent changes in health insurance coverage, we require that you provide proof of insurance coverage at each visit. If you are unable to provide proof of insurance, are on a plan in which we do not participate, or have no insurance coverage, payment is required at the time of your visit.

For those plans with which we do not have a relationship, you will be responsible for your entire bill at the time of service. We will provide you with a copy of your superbill at each visit so you will be able to file your claim with your insurance company. If we are a participating provider, we will routinely file a claim for services rendered although all co-pays and co-insurance amounts are due at the time of service.

If you are scheduled for a WCC (Well Child Check-Up) and other health concerns are brought up that would typically require a separate visit, your insurance company may consider these two separate visits and bill your co-pay and other charges accordingly. Additionally, if it is determined that we need to treat a medical condition or must order additional tests or labs at the WCC (Well Child Check-Up), your bill will reflect all services rendered.

Should there be a dispute with your insurance company, we will attempt to resolve it for you. During this time, a statement will be mailed to you each month that your account shows a balance due for all insurances other than HMO's. If your insurance has not paid within 90 days the balance may be transferred to your personal balance, which must be paid upon receipt. Your insurance policy is a contract between you and your insurance company. Even though you have health insurance, you as the guarantor are responsible for payment of all services provided by Kennesaw Pediatrics, P.C.. Therefore, it is your responsibility to notify Kennesaw Pediatrics, P.C. immediately of any insurance change in order to ensure the correct insurance carrier is billed for services rendered. If there is a change in your insurance, please ensure that we are listed as the PCP, if a PCP is required to receive payment.

Newborns
It is important that you add your newborn to your insurance policy within the first 30 days of life to prevent any lapse in coverage. Please contact your employer (Human Resource Department) or insurance carrier to start the process and ensure all the proper paperwork has been submitted.

Vaccines for Children Program (VFC)
Children who are insured but do not have vaccine coverage, are enrolled in Medicaid, or are either American Indian or Native Alaskan qualify for the VFC Program. The vaccines are provided free of charge, but there is an administration fee, which is your responsibility. If your child qualifies and you would like to participate in the VFC Program, you must tell your nurse at the beginning of your child's appointment. We cannot implement this program retroactively.

Interest, Late Fees, and Collections Fee
We reserve the right to charge interest in the amount of 1.5% monthly (18% annually), as provided by the state law, on all past due account balances. A late fee of $25.00 is applied to any item unpaid after insurance has adjusted the claim (or 60 days from the date of service, whichever is less). Any delinquent account referred to collections will have a $150.00 collections charge applied. In addition, you are responsible for all legal fees, attorney fees, collection costs, and any miscellaneous expenses related to the collection of delinquent accounts.

Divorce, Separation, and Custody Agreements Kennesaw Pediatrics, P.C. will not be partial to custodial, separation, or financial disputes relating to individuals with regard to minor children to whom services are provided. The individual who requests the medical services and signs the financial agreement is responsible for any balance due. All co-pays, co-insurance, and deductible, if applicable, will be collected at the time services are rendered from the individual requesting the medical services for the minor child(ren). We will not call the other parent for consent. The physician will discuss the minor's medical information with the accompanied parent at the time of the visit. Kennesaw Pediatrics, P.C. will provide a copy of any medical records requested, although we reserve the right to charge a fee. Both parents have access to the minor child's medical records, unless there is a court order that specifically mandates only one of the parents to have the right to authorize medical treatment and release of the minor's medical records. We reserve the right to discharge any patient from Kennesaw Pediatrics, P.C. if an issue comes between the divorced/separated parents which would disrupt our practice. We maintain that divorce, separation, and custody agreements should not enter into the medical care of a child; such matters should remain between the parents.

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