

[PATIENT COPY]

PRIMECARE PEDIATRICS

15A Baynard Park, Newnan, GA 30265
☎ Phone: (770) 251-5253; 📠 Fax: (770) 251-5254

OFFICE POLICIES

FINANCIAL AND INSURANCE POLICY

PrimeCare Pediatrics requires that you provide all current health insurance information each time for your appointment. We may decline to make an appointment without reasonable proof of coverage or ability to pay for services. PrimeCare Pediatrics will verify coverage and confirm that PrimeCare Pediatrics or Dr. Tega is the primary care physician of record. The responsible party must inform PrimeCare Pediatrics of any changes in coverage for existing patients prior to scheduling an appointment. All current patient balances are to be paid prior to scheduling an appointment. We collect ALL co-pays at check in, prior to services being rendered. It is the policy of PrimeCare Pediatrics to also collect ALL amounts that is the patient's responsibility, such as coinsurances, deductibles, non-covered procedures and tests, on the day of service based on the insurance company allowable. Any non-Medicaid patient qualifying for "Vaccines for Children" must pay for immunizations given on the day of service at check out. Uninsured patients, or persons who are self-pay, are required to pay a stipulated amount at check-in. The balance is due for all services on the day of service. It is the policy of PrimeCare Pediatrics to mail as few patient statements as possible, in an effort to reduce healthcare costs. Responsible parties are encouraged to mail ALL payments directly to PrimeCare Pediatrics upon receiving the Explanation Of Benefits (EOB) from their health insurance company. PrimeCare Pediatrics will mail one statement in an effort to collect the patient due. If 30 days after the generation of the first statement it is necessary for PrimeCare Pediatrics to mail a second statement because no payment was received, the account is considered over-due and an interest charge of a flat 12% of the balance, but not less than \$5, will be added to the account. If no payment is received 10 business days after the mailing date of the second statement, the account will be declared delinquent and turned over to the collection agency. All accounts turned over to the collection agency will also be responsible for the collection agency fees. No appointments will be made for any children of the responsible party while the account is delinquent or with the collection agency.

Coordination Of Benefits (COB): The responsible party must respond to the request for information from the health insurance company within 10 business days. This is in the interest of the responsible party to facilitate the processing of any health insurance benefits on their account, and serves to prevent their account from becoming over-due or delinquent. A failure to respond to a request for COB information from the health insurance company will result in all charges becoming the responsibility of the patient, and or responsible party.

RETURNED CHECK POLICY

PrimeCare Pediatrics does not accept personal checks. Occasionally this privilege may be extended to anyone solely at the discretion of the Practice Administrator. Any checks returned to PrimeCare Pediatrics for insufficient funds (NSF) will incur a \$25 charge. It is the responsibility of the check issuer to pay, by cash or credit card, both the check amount and the \$25 charge immediately. A failure to respond to PrimeCare Pediatrics within 10 business days will result in the NSF check and charge being turned over to the collection agency. Check signer/issuer will also be responsible for all collection agency costs and or attorney fees.

NO-SHOW POLICY

- A. **ROUTINE WELL VISITS:** PrimeCare Pediatrics requires a 24-hour advance notice of cancellation or change for a well-check, sports or any physical. PrimeCare Pediatrics will assess a fee of \$25 for "no-show" any time a patient/responsible party fails to notify it in advance of a "no-show", cancellation or change to a well-check, sports, or any physical appointment, as required.
- B. **SICK VISITS:** PrimeCare Pediatrics requires a reasonable advance notice of cancellation or change for a sick-visit. PrimeCare Pediatrics will also assess a \$25 "no-show" fee any time a patient/responsible party fails to notify it at least 1 hour prior to a sick or recheck appointment. This allows the scheduling department to try to give the appointment to another family that has a child that needs to be seen. When a "no-show" fee is incurred, the responsible party is encouraged to mail the payment directly to PrimeCare Pediatrics, or make the appropriate payment directly at our office. It is the policy of PrimeCare Pediatrics to mail one statement in an effort to collect the "no-show" fee. If 30 days after the generation of the first statement it is necessary for PrimeCare Pediatrics to mail a second statement because no payment has been received, the account is considered over-due and an interest charge of a flat 12% of the balance, but not less than \$5, will be added to the account. If no payment is received 10 business days after the mail date of the second statement, the account will be declared delinquent and turned over to the collection agency. All accounts turned over to the collection agency will also be responsible for the collection agency costs and or attorney fees, if applicable.
We will not be able to make any appointments for any child or children belonging to the family of the responsible party while the account is delinquent or with the collection agency.

We will not be able to make any appointments for any child or children belonging to the family of the responsible party while the account is delinquent or with the collection agency.

Please visit our website www.primecareped.com for more details. Policies are subject to change without notice.