



## All About Kids Pediatrics

Jill Overcash, MD, FAAP  
Amanda Bennett, CPNP  
2000 Riverside Parkway, Suite 207  
Lawrenceville, GA 30043  
Phone 678-646-0404  
Fax 678-646-0202  
[www.allaboutkidsgeorgia.com](http://www.allaboutkidsgeorgia.com)

### **BILLING AND FINANCIAL POLICY:**

As a patient, you will receive comprehensive health care. Our fees will be related both to the amount of time a doctor spends with you and to the level of skill required to provide each particular type of service. We ask that you be prepared to pay for each office visit at the time of visit with cash, check or credit card. A schedule of services and the fees charged for each visit is available. When situations arise in which a fee cannot be paid at time of service, arrangements must be discussed with the office manager prior to your visit.

Our office will be happy to file your charges for services rendered to your insurance company. If you are a participating member of a managed care plan, we will expect you to pay your co-pay and/or any other fees that are not covered at the time of your visit. If your insurance is one that we DO NOT participate with, you will be asked to pay in full for your visit upon check-in/check-out. IF your insurance pays us directly, we will reimburse you promptly for any overpayment that has been made.

Please understand that you are responsible for paying your bill on time regardless of the status of an insurance claim. All fees over 90 days past due will be subject to collection procedures and you may lose your eligibility to receive medical services from us. If circumstances beyond your control prevent you from being prompt in paying a bill, please contact the office as soon as possible so that a mutually acceptable plan of payment can be arranged.

Statements are mailed monthly to the guarantor address on file. Payment in full of patient portion will be expected upon receipt of your statement, or at the time of your next appointment. Proof of current, valid insurance must be provided at the time of service. If you do not provide this information, you will be considered a self-pay patient. Self-pay patients are required to make an advance payment on their office visit charge. Past due amounts are subject to our collection process.

### **MEDICAL INSURANCE POLICY:**

We participate with many different medical insurance companies. In addition, each of these companies offers many different types of plans. We make every attempt to accurately collect co-pays and deductibles. Understanding the health insurance benefit is the parent/guardian's responsibility. Any patient who is seen and fails to notify our office of any changes in their insurance that in turn deems our services as non-covered will be billed directly for their charges. Any questions concerning your coverage should be directed to your insurance company. Your insurance policy is a contract between you and your insurance company, therefore, your balance is your responsibility. Should there be a dispute with your insurance company, our billing department will attempt to resolve it for you. During this time, the balance may be transferred to your responsibility.

### **NON-COVERED SERVICES POLICY:**

Many parents are disappointed to learn that routine care isn't always covered 100%. No standard "plan" of routine care exists today, either within the physician community or the insurance carrier community. As such, every insurance

company has a different concept of what constitutes routine care, and they do not always follow American Medical Association or American Academy of Pediatrics guidelines. It is not possible for our office to keep up with what each company does or does not consider part of routine care. All About Kids Pediatrics follows AMA and AAP recommended guidelines, and routinely performs certain tests/procedures that some insurance companies do not agree are part of recommended routine care. These tests will be billed to your insurance carrier, but if determined to be non-payable, or non-covered, for any reason, these charges will be the responsibility of the guarantor/patient guardian. This office works hard to provide these recommended tests/procedures at minimal cost to the guarantor/patient guardian (associated fees listed below.) The tests/procedures most often affected include, but are not limited to, the following:

- Hemoglobin testing (CPT codes 85018/88738 - \$5)\*
- Lead testing (CPT code 83655 - \$15)\*
- Hearing screenings (CPT codes 92587/92588/92552/92558 - \$20)
- Vision screenings (CPT code 99173 - \$5)
- CHADIS Child development screening (CPT codes 96110/96111 - \$15)
- Behavioral/ADHD screening (CPT code 96127 - \$15)

All services performed in our office are voluntary. You may refuse or opt out of any service at your discretion. Any questions regarding these charges should be addressed with the billing department **prior** to the appointment or with the nurse/provider **prior** to having the services performed during the appointment. This notice serves as an insurance Advance Beneficiary Notice (ABN) and will apply to all dates of service beginning June 1, 2016, and shall remain in effect until further notice.

\* Please note, any testing involving finger-stick blood samples **MAY** be covered by your plan/policy if done in a laboratory setting. You may opt to have this done at your insurance-preferred laboratory to ensure coverage. If you opt to have the test done in our office, it is subject to the non-covered services policy.

#### **COPAY POLICY:**

In general, our office is a point of service practice. You will be requested to remit your copay or the full office self-pay fee at the time of each visit. Copays are due at the time of appointment, and we are required to collect them at that time. A late fee of \$25 will be added to any copay fee not paid at the time of the appointment. Please remember that we are contractually obligated by your insurance company to collect your co-pay at the time of service. The balance of your charges will be billed.

#### **SELF-PAY/CASH RATE POLICY:**

Self-pay fees must be paid at the time of service; no exceptions can be made. Current self-pay rates\* for the most common visit types are as follows:

- Newborn Follow Up \$135.00
- New or Established Patient Well Visit \$135.00
- New Patient Sick Visit \$85.00
- Established Patient Sick Visit \$75.00
- ADHD Consult \$85.00
- Prenatal Consult \$50.00

This pricing structure will include all services rendered during the specific visit type, such as vaccinations or lab tests. This pricing structure is only available at the time of service.

*\*Self-Pay/Cash Rate pricing is subject to change without notice.*

If a circumstance arises in which a self-pay/cash rate discount is requested AFTER the time of service, the previous rates will NOT apply. These circumstances will be evaluated on a case by case basis.

**CHECK POLICY:**

We are happy to accept your personal check for payment towards your account balance. However, if funds are not available in your account and your check is returned to us for any reason, such as NSF, you will be assessed a \$25 service fee plus the cost of the original check. If your check is returned to All About Kids as non-payable, for any reason, then we will no longer accept payment by check on your account. All subsequent payments must then be paid by cash or credit card.

**NO SHOW POLICY:**

Any time that you miss or cancel an appointment to see a provider without giving a 24-hour notice, you are considered a No Show. Patients are granted one excused no show in a 24-mo period. You will be assessed a \$75 fee for a well-child check visit/ADHD visit or a \$50 fee for a sick visit after your second or third no show in a 24-mo period. This will be your responsibility to pay and will not be billed to your insurance company. This fee must be paid prior to your next visit. Extenuating circumstances should be discussed with our business office. We reserve the right to reschedule your appointment if the check-in time is 15 minutes later than the scheduled appointment time for well/ADHD visits and 10 minutes later than the scheduled appointment time for sick visits. **After 3 NO SHOW appointments, you will be dismissed from the practice.**

**SICK VISITS DURING A WELL CHILD CHECKUP:**

Please be advised that if your child is treated for an illness during a well-child check, we are required to bill a sick visit in conjunction with the well visit, per AMA guidelines. It is the policy of this office that the doctor will use their discretion to decide if a sick visit will be billed in conjunction with your child's well visit. Your insurance will process the sick visit according to your plan guidelines, applying copay, coinsurance, and/or deductible as applicable. If this happens, you will be responsible for any amount insurance deems your responsibility, and you will receive a bill for these additional services.

Please note that our front desk does not routinely collect sick visit copays if you are only scheduled for a well child check. Any copay applied by your insurance carrier will be billed to you on your next statement.

**TRANSFER OF MEDICAL RECORDS POLICY:**

Requests to transfer medical records\* to another treating physician are subject to administrative fees. Requests for medical records for medical treatment/personal use (personal use is defined as records delivered directly to the patient/parent/guarantor/patient guardian) will incur an administrative fee of \$15 per child, with a maximum charge of \$30. We require two business days for any medical records request.

\* Per HIPAA guidelines, we are not allowed to transfer your previous physician's medical records. To obtain previous medical history, you must request medical records from that physician. An immunization record can be provided at no charge for active patients.

**FEE FOR TELEPHONE CONSULT:**

Effective September 1, 2014, we follow the recommendations of the American Medical Association (AMA) and the American Academy of Pediatrics (AAP) and charge for Telephone Care to patients for the following services provided by a physician: Charges range from \$35-\$50.

- Evaluate and treat a new problem that does not require an office visit.
- Provide follow-up care and management of a chronic illness or exacerbation of a chronic illness that may not require an office visit.

If the patient has been seen in office within seven days prior to the telephone consult, for the same reason as the phone consult, there will be no charge for the phone consult; and as such, if the patient is seen in the office within 24 business hours following the telephone consult (i.e. the next business day after the phone consult) for the same reason as the phone consult, there will be no charge for the phone consult.

**SPORTS PHYSICAL POLICY:**

Sports physicals are available and subject to the following guidelines:

- The patient must have been seen within the last year for a Well Child Check
- The child **MUST** be present at the appointment
- The “patient portion” section of any forms **MUST** be completed **PRIOR** to the appointment
- Sports physicals are subject to a \$25 fee, payable at the time of service

**LABORATORY POLICY:**

Certain insurance companies are contracted with specific laboratories for lab services. We will do our best to accommodate these requirements. Currently, we follow these guidelines:

- Patients with Blue Cross Blue Shield plans, PHCS, Self-Pay patients, and TEFRA/Katie Beckett Medicaid patients will be directed to Labcorp for any lab services
- Patients with any other insurance plan will be directed to Quest Laboratories for lab services

It is critical that our office has current insurance so we can direct you to the correct laboratory under your plan. Please check with your insurance company to determine which lab, if any, you are required to use. Please make sure you communicate this with the nurse and/or provider during your appointment. ***Our office is not responsible for lab bills if sent to a non-covered lab under your policy.***

Please note, certain lab tests can and will be performed in-house by our own staff. These tests will yield results during your visit; certain tests performed in-house are then sent to Labcorp or Quest for confirmation. You may receive a bill for these tests from the outside laboratory in addition to our own in-house billing.

**FMLA FORMS/OTHER FORMS POLICY:**

FMLA forms, or other forms NOT for the express purpose of insurance claims management are subject to a \$25 fee for forms up to 4 pages, and \$5 per page thereafter. These form fees are due at the time the forms are dropped off for completion. Allow up to 5 business days for forms to be completed. Please be aware that this office does NOT keep copies of completed forms on file after those forms are returned to the parent/guardian.

**HIPAA:**

Our office is required by law to strictly adhere to all guidelines set forth in the Health Insurance Portability and Accountability Act of 1996. A copy of your rights and privacies is available at any time. Please inquire at the front desk, and a copy will be provided to you. Please direct any questions or concerns to management or your health care provider. We will address your questions or concerns in a timely manner, and to the best of our ability.

By signing below, I acknowledge receipt and understanding of, and accept the All About Kids Pediatrics billing and office policies outlined above.

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**Signed by Parent/or Legal Guardian**

**Date**