



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

Billing and Financial Policies

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 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.

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.

Newborn Follow Up/New Patient Well Check \$ 150.00

Established Patient Well Visit	\$ 135.00
New Patient Sick Visit	\$ 85.00
Established Patient Sick Visit	\$ 75.00
ADHD/Anxiety/Behavioral Consult Initial Visit	\$ 100.00
ADHD/Anxiety/Behavioral Follow Up Visit	\$ 85.00
Prenatal Consult	\$ 50.00

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

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.

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.

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. All subsequent payments must then be paid by cash or credit card.

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. Any copay applied by your insurance carrier for a sick visit during a well-child check, will be billed to you on your next statement.

REFUND POLICY: Sometimes, overpayments on an account occur, resulting in a credit on a guarantor account. All About Kids will refund any credit over \$50 directly to the guarantor on the account (via check) unless the guarantor requests to hold the credit on the account. Credits of less than \$50 remain on the account as an undistributed credit to be used for future copays and/or balances unless a refund is specifically requested. Guarantors may request a refund of credits less than \$50, and a check will be issued directly to the guarantor.

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 AFTER-HOURS TELEPHONE CONSULT: Effective September 1, 2014, All About Kids Pediatrics follows the recommendations of the American Medical Association (AMA) and the American Academy of Pediatrics (AAP) and charges for After Hours Telephone Care to patients for the services of the on-call provider. As of May 1, 2020, All About Kids will send these after-hours consults to your commercial insurance plan in the form of a telemedicine encounter. If insurance covers the charge, the guarantor will be responsible for any out-of-pocket responsibility applied by the insurance carrier. If insurance does not cover the charge, or denies the charge for any reason, the encounter will be billed to the guarantor. If you are a self-pay patient, the charges will be billed directly to the guarantor. The charges for these types of encounters are time-based and range from \$35 to a maximum of \$50.

TELEMEDICINE: We are happy to announce that AAKP is now offering telemedicine. All Telemedicine appointments must be approved by Dr. Overcash and can only be used for appointments meeting certain criteria. Telemedicine can range from ADHD follow ups, asthma rechecks, rashes/dermatology and anxiety follow ups. If you are unsure if your visit could be completed via telemedicine, please call the office for more information.

Fee for insured Patients: There is no extra cost associated with telemedicine for our insured patients. Copays, coinsurance, & deductibles will be collected per usual.

Fee for Self-Pay Patients: ADHD & Anxiety Initial Consults will incur a \$100 fee. ADHD & Anxiety Follow Up visits will incur an \$85 charge. Sick visits will be billed to the guarantor based upon time spent and level of skill required for services provided. Fees will range from a minimum of \$50 to a maximum of \$95.

SPORTS PHYSICAL POLICY: Sports physicals are vital for your child to participate in extracurricular activities. Often these forms can be completed using the information from the child's last well check and that is why keeping up with annual well checks is so important. Please call the office to determine what kind of appointment needed to complete the form. If the form requires an office visit these forms are 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. *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. 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.

Signed by Parent/or Legal Guardian

Date