

**Lawrenceville Pediatrics, PC**  
**Financial Policy**

The changing economic climate has forced us to re-examine many of our older practices. As a result we have revised our older policies to reflect changes in our industry. We are committed to providing excellent care in a timely, efficient manner and very much appreciate the confidence you place in us to provide health care for your children.

1. All fees for self pay patients are required at the time of the visit.
2. Our office will verify insurance prior to well child care. We are happy to file an insurance claim however, verification does not identify specifically covered items and is not a guarantee of payment.
3. In the event a service we perform is not covered by your insurance, then full payment for this service is due within 60 days of receipt of the service. This is including well child care, vaccinations, lab work, nebulizer treatments, procedures, antibiotic injections...etc.
4. All insurance cards presented must reflect the current insurance plan, INVALID INFORMATION causing the claim to be returned will be subject to a **\$50** re-file fee per claim per filing.
5. We require a 24 hour notice for cancellation of all appointments. Failure to do so or missing the appointment will result in a cancellation/no show fee, at the rates of **\$50** for a missed well check up, and **\$30** for a missed sick visit, which are not covered by insurance.
  - a) Reminder calls are a courtesy. Cancellation/no show fees are applicable even if a courtesy call is not received. Changing an appointment time on the day the appointment is made will be subject to a fee.
  - b) For late arrivals the office must be notified in advance. Patients who are being seen for an acute problem will have to be worked back into the providers schedule at the providers discretion. Patients scheduled for well child care may need to be rescheduled so that it does not interfere with other scheduled appointments, and may be subject to a late fee.
6. We do not file insurance for problems related to motor vehicle accidents. Full payment is due at the time of service.

7. We are happy to complete sports physical or immunization forms at the time of service for no fee. The fee is **\$10** if these forms are needed at a later date. For more complicated, time consuming letters or forms such as 1) Katie Beckett, the fee is **\$100** and/or 2) SSI, the fee is **\$50** and/or 3) any forms required for school the charge will be **\$25**.
8. Copies of basic medical records ie, vaccination records are provided at **no charge**. For copies of entire charts, the fee starts at a minimum of **\$25.88**, plus additional charges in accordance the state of Georgia's policy for medical records
9. No fees are associated with phone calls to the office during normal business hours, however, any after hour or weekend calls that require a return call from our physicians, nurses or the CHOA advice line will be subject to a **\$15.00** fee per call. These are not insurance covered charges. No fees are applicable if the call is handled thru the participating insurance carriers.
10. Walk in patients will be scheduled for the next available opening with their provider for no fee. Walk in patients who request to be "worked in" to a providers schedule will be seen by a triage nurse/MA and worked in at the discretion of the triage nurse/MA and provider. There will be a **\$25** triage fee for this service and it is not an insurance covered charge.
11. Add on patients (ie; unscheduled patients whose parents request at arrival to the office that they be seen with a previously scheduled sibling) will be seen by the provider if there is an available opening. If there is no available opening, parents can choose to wait for an opening or they may pay the walk in fee of **\$25** and have their child worked into the provider's schedule.

**I have read and understand the office policy stated above and agree to accept the responsibility as described above.**

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**Parent/Guardian Signature**

**Date**

**Account#**