CARTERSVILLE PEDIATRIC ASSOCIATES, PC FINANCIAL POLICY

- Due to frequent changes in health insurance coverage, we require that you bring your insurance card to each visit and notify our office immediately of any insurance changes to ensure that the correct insurance carrier is billed for services rendered.
- All copays and outstanding balance from deductibles or co-insurance are due at the time of your visit unless other financial arrangements have been made in advance. Payment on accounts are now available by visiting the website located at https://www.instamed.com.
- Payment is due in full if you are unable to provide proof of insurance, have incorrect Primary Care Provider listed with your insurance carrier, or have no insurance coverage at the time of visit.
- Newborns should be added to your insurance policy within the first 30 days of life to prevent any lapse in coverage. Contact your employer or insurance carrier to start this process and ensure all necessary documents have been submitted.
- If your child is scheduled for a Well Child Checkup and other health concerns are brought up that would normally require a separate visit, your insurance company may consider this two separate visits. In this case, you could be billed for your co-pay, co-insurance or charges applied toward your yearly deductible.
- We will attempt to resolve any issues with your insurance that you bring to our attention. If your insurance has not paid within 90 days the balance will be transferred to your responsibility and will be due upon receipt of your statement.
- Cartersville Pediatrics will not be party to custodial, separation or financial disputes regarding minor children to whom services are provided. The individual who requests medical services and signs the financial agreement is responsible for any balance due. Both parents will have access to the child's medical records, unless there is a court order on file that specifically states otherwise. We reserve the right to discharge any patient from Cartersville Pediatric Associates if any issues arise regarding divorced or separated parents which could disrupt our practice.
- If you are unable to pay your balance in full please contact our office immediately to set up payment arrangements. Failure to resolve any past due outstanding balances could result in further collection activity or dismissal from the practice (including all family members).
- Although we do not charge a fee for missed appointments we ask that you notify our office within 24 hours of your scheduled appointment. Repeat no-show appointments could result in dismissal from the practice (including all family members).

Patient Name	Date of Birth	
Signature of Parent/Legal Guardian	Date	

Internal Use Only

□ Cartersville Pediatric Associates
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