

STOCKBRIDGE PEDIATRICS, P.C.

MARIXIE GILRANE, M.D.

239 VILLAGE CENTER PARKWAY, SUITE 110

STOCKBRIDGE, GA 30281

Phone (770) 506-0095 Fax (770) 506-8060

Patient Financial Policy

Thank you for selecting our practice as your healthcare provider. We are committed to providing you with compassionate and quality medical care. The following is a statement of our financial policy, which we required to read, sign and date policy prior to any treatment.

Co-payments, deductibles and all non-covered procedures are due in full at time of service. Without a proof of insurance coverage, payment in full for all services provided is required.

Insurance

It is your responsibility to provide our practice with the accurate and updated medical insurance information that should be used to cover services rendered each visit. Please disclose any secondary insurance information if you are covered for under more than one insurance plan or any changes in your coverage. Failure to do so may result in you being responsible for the balance on your account.

Your insurance policy is a contract between you and your insurance carrier. You are responsible to verify benefits with your insurance company prior to your appointment. Therefore, if certain procedures are not covered, you will be required to sign a waiver indicating that you understand that your policy does not cover this service and you will be responsible for the charges associated with this service. Many insurance plans require you go to specific labs, X-ray facilities, pharmacies, etc.

Should your insurance company fail to pay the insurance claim for services rendered by Stockbridge Pediatrics, P.C., you may be responsible for the entire charges submitted to the insurance carrier. Therefore, we recommend that you follow-up with the insurance carrier if your claim has not been paid within 30 days from the date the claim was submitted.

Co-insurance and any balances that remain the responsibility of the patient, according the insurance carrier terms, should be remitted to the practice upon notice of balance due. ***Failure to remit payment may result in your patient account being turned over to an outside collection agency. Any accounts turned over to an outside collection agency will incur the collection agency fees and these fees will become the responsibility of the patient.***

If you have any questions regarding your bill or wish to set up payments arrangements, contact our billing office at (770) 716-6203

Non-Insured Patients

For patients unable to pay for services in full, a minimum of 75% of the charges are due at the time of service. Payment for any remaining balance is payable within 30 days of the date of service. ***Failure to remit payment may result in the patient's account being turned over to an outside collection agency. Any fees associated with the collection agency will become the financial responsibility of the patient.***

Missed Appointments

Please help us serve you better by keeping scheduled appointments. In the event you are unable to keep your appointment, please kindly give a 24 hour notice. Failing to provide notice of cancellation for two or more consecutive visits, will result in a \$ 25.00 missed appointment charge. This charge is the responsibility of the patient and it is not covered by most insurance carriers.

