FINANCIAL POLICY

InTouch Pediatrics Corporation participates with most insurance plans. Each insurance policy is different and it is therefore impossible for us to know what are your particular benefits may be. Therefore, it's important to contact your insurance company if you have any questions regarding your benefits and for you to know what your payment obligations will be at the time of service.

Copayments and Deductibles
Depending on your insurance policy, a copayment and/or deductible may be required at the time of service. These payments are expected to be made at the time of service. Payment may be made in cash, by check or by card. We also accept Health Savings Account (HSA) cards for payment.

Please note that the copayment is a contractual requirement from the insurance company and cannot be written off by the office. If you participate in a High Deductible Health Plan (HDHP) and have not yet paid your deductible in full, it is likely that any non-preventive services will require payment at the time those services are rendered. We are happy to discuss arrangements for payment by installment if you need to do so.

Please ensure that if you are unable to bring your child in yourself, whoever brings the child in is prepared to make all payments.

Credit Card on File
In order to make sure that we can collect your portion of the bill once your insurance company processes the claim, we require that a valid credit card be kept on file with the practice. Your card will only be charged the outstanding amount that your insurance company determines to be 'patient responsibility', as spelled out in your Explanation of Benefits (EOB). Once your card is charged, a receipt will be sent to you by email.

If you would like to make arrangements to pay the amount by installments, please notify the office in advance.

Patients Without Insurance Coverage
We are happy to work with families that prefer to pay directly for services or do not have insurance. For such patients, a time of service discount will be applied to the bill if settled in full on the day of service. This discount does not apply after the day of the visit.

Administrative Fees
At InTouch Pediatrics Corporation, coordination of care is central to making sure that children get good quality healthcare. This means several hours are spent providing services that insurance does not pay for. Some of these services include processing various administrative requests, handling refill requests outside of office visits, providing after hours calls to parents, performing phone consultation with other pediatric specialists, securing medical records from other providers, providing a patient portal and filling any forms needed for school or camp without charging a fee for each

Melinda A. Williams-Willingham, MD FAAP
2321 Henry Clower Blvd, Suite A, Snellville, GA 30078
Phone: (404) 842-5070 | Fax: (626) 741-0963

form. To cover that administration, we charge a small annual fee of $50 per child up to a maximum of $150 per family which covers up to two forms per child or four forms per family.

You may choose to opt out of the annual administrative fee and pay a-la-carte for these requests instead. A $30 fee will need to be charged for each request, including any school entry, annual school physical, sports and camp physical forms.

No-Show Fee
Missing an appointment without giving prior notice to the practice deprives other patients of the chance to take a slot that opens up. We require notice of at least 1 business day for all cancellations. Failure to notify the clinic in a timely manner will result in a no-show fee of $25 for a sick visit and $50 for a well visit. Repeated no-shows will result in the family being advised to transfer care out of the practice.

Divorced/Separated Parents and Custodial Arrangements
InTouch Pediatrics Corporation does not get involved in disputes between divorced, separated or custodial parenting arrangements regarding financial responsibility for their child's medical expenses. By signing as guarantor below, you agree to be financially responsible for the care we provide to your child, regardless of whether a divorce decree, custodial or other arrangement places that obligation on your former spouse or the child's other parent. We will be happy to provide receipts for paid medical bills for you as requested.

I have read and understood the above policy and agree to it.

Signature ____ Date ___/___/______

Name ____

Relationship to patient __________________________________

Melinda A. Williams-Willingham, MD FAAP
2321 Henry Clower Blvd, Suite A, Snellville, GA 30078
Phone: (404) 842-5070 | Fax: (626) 741-0963