



JONESBORO PEDIATRICS

ROMEO MORILES, MD, FAAP
SUPRIYA HATTANGADI KASI, MD, FAAP
TAISHA OKAFOR, MD, FAAP
SHARON BRYAN-GRANT, DNP, CPNP

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. Please understand that payment is expected for services rendered. The following is a statement of our financial policy. Please read, sign and date this policy prior to treatment.

Insurance

Your insurance policy is a contract between you and your insurance carrier. Due to the numerous customized insurance plans offered by insurance companies, we require that you be 100% responsible for:

- Verifying that our physicians are in network; as well as which laboratories, therapists, specialists and hospitals are in network for your specific plan
- Providing Jonesboro Pediatrics with active and complete insurance information for primary and secondary plans
- Knowing your coverage; including deductible, copays, coinsurance and services included
- Paying your copay at the time of service
- Timely payment of balances due for deductibles, coinsurance and services not covered

Should your insurance company fail to pay the insurance claim for services rendered by Jonesboro Pediatrics, LLC, 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 to the insurance carrier terms, should be remitted to the practice upon notice of balance due.

Non-Insured Patients

Patients that are not covered by an insurance plan are responsible to pay in full for services rendered at the time of service.

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 three or more consecutive visits, may result in a \$25.00 missed appointment charge or dismissal from the practice. This charge is the responsibility of the patient and it is not covered by most insurance carriers.

Forms

Please allow 3-5 days for completion of any requested forms. The charge for this service varies depending on the time needed to review and fill out the form. Please ask our staff for our most updated fee schedule. This charge is payable upon submission of the forms; therefore, forms will not be completed unless pre-payment is collected. Charges for forms are non-refundable.

Financial Responsibility

As parent or guardian, you are 100% responsible for all balances incurred on your child's behalf. Jonesboro Pediatrics cannot get involved in financial disputes related to divorced parents of a minor child. The parent who accompanies the child to the medical visit is the responsible party and must pay all copays and balances.

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 a 30% collection agency fees and these fees will become the responsibility of the patient. For your convenience, our practice accepts Visa, MasterCard, American Express, Discover, Checks and Cash.

Never ignore a bill simply because you feel it is not your obligation or you think your insurance company should pay it. We only transfer responsibility to you after we have had a response from your insurance carrier. If you have any questions about your claim coverage, you should contact your insurance company. If you have questions regarding your bill or wish to set up payment arrangements, please call our office at 770-716-6203.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

I have read and agree to abide by the financial policy of Jonesboro Pediatrics, LLC.

Signature: _____ Date: _____