

Middle Georgia Pediatrics, LLC

Financial Policy

Thank you for choosing Dr. Seth Bush as your healthcare provider. The following is a statement of our Financial Policy, which we require you to read and sign prior to treatment in our office.

It is your responsibility to give us accurate and updated insurance information at each visit. Verify that we have updated all children(s) accounts. If you are covered by more than one plan you must notify both plans that you have other coverage so they may determine Coordination of benefits

It is your responsibility to check with your insurance company prior to your appointment for verification of benefits such as preventive services, diagnostic services and procedures, etc. After hours, weekend, and holiday visits may incur additional charges.

All co-payments and deductibles until met are due at time of service. Full payment is due at time of service for all non-covered services. Our in network contract with your insurance company requires us to collect these from you. With the rising cost of medical care, paying at the time of service is essential in keeping these costs at a minimum. We accept cash, checks, credit/debit cards.

Without proof of insurance coverage, payment in full is expected prior to services rendered and patient will be considered Self –Pay. Discount is at the discretion of physician and requires payment at time service is rendered.

Returned Check Fee is \$35.00

Statements are processed monthly. If your claim is processed and leaves a patient responsible balance, we will send a statement to the responsible party. Middle Georgia Pediatrics, will not get involved in custodial, separation, or financial disputes involving or related to a minor child. The parent who is the guarantor for the financial policy covering the child is the responsible party for the rendering services.

We understand unforeseen circumstances such as hospitalizations, uncovered services, and unplanned emergencies. In these situations when you incur a balance, we are willing to work with you on your balance but communication with our billing department is essential. If you have questions regarding your bill or wish to set up payment arrangement, contact our billing department at (478) 330-7228. If you receive a bill that you feel is not your responsibility, it is important for you to call the billing department. Delinquent accounts will be referred to an outside collection agency. Collections accounts will access an additional fee of 30% of total amount due.

Please understand, while we may be in network with most insurance plans. Your insurance is a contract between you and your employer and /or the insurance company. While we may be the provider of service, we are not the party to that contract. Please be informed of your benefits. We only transfer responsibility to you after we have had response from your insurance company.

It is important for you to read the explanation of benefits (EOB) sent to you from your insurance company. This will explain why certain charges are not covered. If you have any questions regarding the coverage of your claim, you should contact your insurance company. If you have questions regarding your bill or wish to set up payment arrangements, please contact our billing department at (478) 330-7228.

Signature of Guarantor Responsible Party

Date

Social Security Number

Please list your child's name or all children's names that come to Dr. Bush.