

Kennesaw Pediatrics, P.C.

Financial Policy

Thank you for choosing Kennesaw Pediatrics as your health care provider. The following is a statement of our Financial Policy, which we require you to read and sign prior to treatment. Please understand that payment of your bill is considered part of your care.

Due to frequent changes in health insurance coverage, we require that you provide proof of insurance coverage at each visit. If you are unable to provide proof of insurance, or are on a plan in which we do not participate, or have no insurance coverage, payment is required at the time of your visit.

For those plans with which we do not have a relationship, you will be responsible for your entire bill at the time of service. We will provide you with a copy of your superbill at each visit so you will be able to file your claim with your insurance company. If we are a participating provider, we will routinely file a claim for services rendered, although all co-pays and co-insurance amounts are due at the time of service.

If you are scheduled for a WCC (Well Child Check-up) and other health concerns are brought up that would typically require a separate visit, your insurance company may consider these two separate visits and bill your co-pay and other charges accordingly. Additionally, if it is determined that we need to treat a medical condition or must order additional tests or labs at the WCC (Well Child Check-up), your bill will reflect all services rendered. You may consider the appointment as one visit, but your insurance company may not. In that case, you could be billed for co-pay, co-insurance or the service could be applied towards your yearly deductible.

Should there be a dispute with your insurance company, we will attempt to resolve it for you. During this time a statement will be mailed to you each month that your account shows a balance due for all insurances other than HMO's. If your insurance has not paid within 90 days the balance may be transferred to your personal balance, which must be paid upon receipt. Your insurance policy is a contract between you and your insurance company. Even though you have health insurance, you as the guarantor are responsible for payment of all services provided by Kennesaw Pediatrics. Therefore it is your responsibility to notify Kennesaw Pediatrics immediately of any insurance change, in order to ensure the correct insurance carrier is billed for services rendered. If there is a change in your insurance company please ensure that we are listed as PCP, if a PCP is required to receive payment.

Newborns

It is important that you add your newborn to your insurance policy within the first 30 days of life to prevent any lapse in coverage. Please contact your employer (human resource department) or insurance carrier to start the process and ensure all the proper paperwork has been submitted.

Vaccines for Children (VFC) Program

Children who are not insured but do not have vaccine coverage, enrolled in Medicaid, or are either American Indian or Native Alaskan qualify for the Vaccines for Children program. The vaccines are provided free of charge, but there is an administration fee, which is your responsibility. If your child qualifies and you would like to participate in the VFC program, you must tell the nurse at the beginning of your child's appointment. We cannot implement this program retroactively.

Interest, Late fees, and Collections Fee

We reserve the right to charge interest in the amount of 1.5% monthly (18% annually), as provided by the state law, on all past due account balances. A late fee of \$20.00 is applied to any item unpaid after insurance has adjudicated the claim (or 60 days from the date of service, whichever is less). Any delinquent account referred to collections will have a \$300.00 collections charge applied. In addition, you are responsible for all legal fees, attorney fees, collection costs, and any miscellaneous expenses related to the collection of delinquent accounts.

Divorce, Separation, and Custody Agreements

Kennesaw Pediatrics will not be party to custodial, separation or financial disputes relating to individuals with regard to minor children to whom services are provided. The individual who requests the medical services and signs the financial agreement is responsible for any balance

Initial_____

due. All co-pays, co-insurance, and deductible, if applicable, will be collected at the time services are rendered from the individual requesting the medical services for the minor child/children. We will not call the other parent for consent. The physician will discuss the minor's medical information with the accompanied parent at the time of the visit. Kennesaw Pediatrics will provide a copy of any medical records requested, although we reserve the right to charge a fee. Both parents have access to the minor child's medical records, unless there is a court order that specifically mandates only one of the parents to have the right to authorize medical treatment and release of the minor's medical records. We reserve the right to discharge any patient from Kennesaw Pediatrics if an issue comes between the (divorced/separated) parents which would disrupt our practice. We maintain that divorce, separation, and custody agreements should not enter into the medical care of a child; such matters should remain between the parents.

Patients who are not accompanied by a parent or guardian

For unaccompanied patients, non emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, Visa/MasterCard (including debit cards), Discover or payment by cash or check at the time of service.

Missed Appointments

Missed appointments are very disruptive to our office. They also deprive others from an appointment to see the doctor. If you repeatedly miss schedule appointments you may be asked to seek medical care elsewhere. **Please be courteous to those patients who need to be seen!**

Return check fees

A \$30.00 processing fee will be charged for checks returned as insufficient funds, stop payment on an issued check and checks drawn on a closed account. The charge is applied to your personal account balance and must be paid within 14 days of notification to avoid further action. Any family account that has a history of more than 2 returned checks for insufficient funds will require cash or approved credit card payments for all visits thereafter.

Delinquent Accounts

If a large bill is anticipated and financial arrangements need to be made, a payment program may be arranged with our Practice Administrator prior to your visit. Failure to resolve any past due accounts, including any returned checks, will result in referral to a collection agency. Any family whose account is forwarded to a collection agency will be dismissed from our practice. If you are on a plan that requires you to be assigned to a Primary Care Physician (PCP) then a copy of the dismissal letter will be sent to the insurance company so they will know to reassign you to another PCP.

Transferring of Medical Records

Because there are frequent changes in health insurance coverage and participating providers, it is often necessary for patients to ask that their medical records be transferred to another physician's office. An immunization record and problem list can be provided at no charge. Otherwise, there will be a \$20.00 administration fee charged for each child's records to be transferred.

Nurse Fee

Any procedures performed by the lab nurse (strep screens, lab work, hearing and vision, etc.) that do not require a face-to-face visit with the physician will incur a nurse fee in addition to the procedure performed. All appropriate co-pays will apply.

All patients are asked to please check out before leaving the office. It is unlawful to intentionally walk out without satisfying your financial obligations after treatment has been rendered.

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

I have read and understand this Financial Policy.

Signature of Parent or Guardian: _____

Date: _____

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Notice of Privacy of Practice

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOUR CHILD(REN) [AS A PATIENT OF THIS PRACTICE] MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR CHILD(REN) INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY

A. Our Commitment to Your [Child(ren)] Privacy

Our practice is dedicated to maintaining the privacy of your child(ren) individually identifiable health information (IIHI). In conducting our business, we will create records regarding your child(ren) and the treatment and services we provide to your child(ren). We are required by law to maintain the confidentiality of health information that identifies your child(ren). We also are required by law to provide you with this notice of our legal duties and the privacy practice that we maintain in our practice concerning your child(ren) IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your child(ren) IIHI
- Your child (ren) privacy rights in your child(ren) IIHI
- Our obligations concerning the use and disclosure of your child(ren) IIHI

The terms of this notice apply to all records containing your child(ren) IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintain in the past, and for any of your child(ren) records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. We may use and disclose your child(ren) IIHI in the following ways:

1. **Treatment:** Our practice may use your child(ren) IIHI to treat your child(ren). For example, we may ask your child(ren) to have laboratory test (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your child(ren) IIHI in order to write a prescription for your child(ren), or we might disclose your child(ren) IIHI to a pharmacy when we order a prescription for your child(ren). Many of the people who work for our practice, including, but not limited to, our doctors and nurses, may use or disclose your child(ren) IIHI in order to treat your child(ren) or to assist others in your child(ren) treatment. Additionally, we may disclose your child(ren) IIHI to others who may assist in your child(ren) care, such as your spouse, children or parents.
2. **Payment:** Our practice may use and disclose your child(ren) IIHI in order to bill and collect payment for the services and items your child(ren) may receive from us. For example, we may contact your health insurer to certify that your child(ren) are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your child(ren) treatment to determine if your insurer will cover, or pay for, your child(ren) treatment. We also may use and disclose your child(ren) IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your child(ren) IIHI to bill you directly for services and items. We may disclose your child(ren) IIHI to other health care providers and entities to assist in their billing and collection efforts.
3. **Health Care Operations:** Our practice may use and disclose your child(ren) IIHI to operate out business. As examples of the ways in which we may use and disclose your child(ren) information for our operations, our practice may use your child(ren) IIHI to evaluate the quality of care your child(ren) received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your child(ren) IIHI to other health care providers and entities to assist in their health care operations.
4. **Appointment Reminders:** Our practice may use and disclose your child(ren) IIHI to contact you and remind you of an appointment. We may leave a message on your answering machine about your child(ren) appointment.
5. **Release of Information to Family/Friends:** Our practice may release your child(ren) IIHI to a family member or friend that is involved in your child(ren) care, or who assists in taking care of , your child(ren). For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to the child's medical information with consent.
6. **Disclosure Required by Law:** Our practice will use and disclose your child(ren) IIHI when we are required to do so by federal, state or local law.

D. Use and disclosure of your IIHI in certain special circumstances

The following categories describe unique scenarios in which we may use or disclose your IIHI:

1. **Public Health Risks:** Our practice may disclose your child(ren) IIHI to public health authorities that are authorized by law to collect information for the purpose of:
 - Maintaining vital records, such as births and deaths
 - Reporting child abuse or neglect
 - Preventing or controlling disease, injury or disability
 - Notifying a person regarding potential exposure to a communicable disease
 - Notifying a person regarding a potential risk for spreading or contacting a disease or condition
 - Reporting reactions to drugs or problems with products or devices
 - Notifying individuals if a product or device they may be using has been recalled
 - Notifying appropriate government agency(ies) and authority(ies) regarding potential abuse or neglect of an adult/child(ren) patient (including domestic violence): however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
 - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
2. **Health Oversight Activities:** Our practice may disclose your child(ren) IIHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigation, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

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Notice of Privacy of Practice

3. **Lawsuits and Similar Proceedings:** Our practice may use and disclose your child(ren) IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your child(ren) IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Law Enforcement:** We may release IIHI if asked to do so by a law enforcement official:
 - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
 - Concerning a death we believe has resulted from criminal conduct
 - Regarding criminal conduct at our office, including returned checks(non- sufficient funds)
 - In response to a warrant, summons, court order, subpoena or similar legal process
 - To identify/locate a suspect, material witness, fugitive or missing person
 - In an emergency, to report a crime (including the location or victim(s) of the crime, or description, identity or location of the perpetrator)
5. **Serious Threats To Health or Safety:** Our practice may use and disclose your child(ren) IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the treat.

E. Your Rights Regarding your IIHI

1. **Confidential communications:** You have the right to request that our practice communicate with you about your child(ren) health and related issued in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, **you must make a written request to Privacy Officer, 3745 Cherokee St NW #401, Kennesaw, GA 30144, 770-429-1005** specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable request. You do not need to give a reason for your request.
2. **Requesting restrictions:** You have the right to request a restriction in our use or disclosure of your child(ren) IIHI for treatment, payment or healthcare operations. Additionally, you have the right to request that we restrict our disclosure of your child(ren)IIHI to only certain individuals involved in your child(ren) care or the payment for your child(ren) care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat your child(ren). In order to request a restriction in our use or disclosure of your child(ren) IIHI, **you must make your request in writing to Privacy Officer: 3745 Cherokee ST NW #401, Kennesaw, GA 30144, 770-429-1005.** Your request must describe in a clear and concise fashion:
 - a. The information you wish restricted
 - b. Whether you are requesting to limit our practice's use, disclosure or both
 - c. To whom you want the limits to apply
3. **Inspection and copies:** You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about your child(ren), including patient medical records and billing records, but not including psychotherapy notes. **You must submit your request in writing to Privacy Officer, 3745 Cherokee St NW #401, Kennesaw, GA 30144, and 770-429-1005** in order to inspect and/or obtain a copy of your child(ren) IIHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.
4. **Amendment:** You may ask us to amend your child(ren) IIHI if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, **your request must be made in writing and submitted to Privacy Officer, 3745 Cherokee St NW #401, Kennesaw, GA 30144, and 770-429-1005.** You must provide us with a reason that supports your request for amendment. **Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing.** Also, we may deny your request if you us to amend information that is in our opinion; (a) accurate and complete, (b) not part of the IIHI kept by or for the practice, (c) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
5. **Accounting of disclosures:** All of our patients have the right to request an "accounting of disclosures". An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your child(ren) IIHI for non-treatment, non-payment or non-operations purposes. The use of your child(ren) IIHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor shares information with the nurse, or billing department using your information to file your child(ren) insurance claim. In order to obtain an accounting of disclosures, **you must submit your request to Privacy Officer, 3745 Cherokee St NW #401, Kennesaw, GA 30144, and 770-429-1005. All requests for an "accounting of disclosures" must state a time period, which may not be longer than 6 (six) years from the date of disclosure and may not include dates before April 14, 2003.** The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
6. **Right to a paper copy of this notice:** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice contact the **Privacy Officer, 3745 Cherokee St NW #401, Kennesaw, GA 30144, and 770-429-1005.**
7. **Right to File a Complaint:** If you believe your child(ren) privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact the **Privacy Officer, 3745 Cherokee St NW #401, Kennesaw, GA 30144, and 770-429-1005. All complaints must be submitted in writing. You will not be penalized for filing a complaint.**
8. **Right to Provide an Authorization for Other Uses and Disclosures:** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your child(ren) IIHI may be revoked at any time in **writing.** After you revoke your authorization, we will no longer use or disclose your child(ren) IIHI for the reasons described in the authorization. Please note, we are required to retain records of your child(ren) care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact the **Privacy Officer, 3745 Cherokee St NW #401, Kennesaw, GA 30144, and 770-429-1005.**

Kennesaw Pediatrics, P.C.

HMO or POS plans REQUIRE that you call your insurance carrier today (or prior to today) and have your PCP officially changed to Dr. Mark Long/Dr. Briana Brugner/Kennesaw Pediatrics. This will allow today's charges to be covered by your insurance plan.

Receipt of Notice of Privacy Practices

Written Acknowledgement Form

I, _____, have received a copy of Kennesaw Pediatrics' **Notice of Privacy Practices**.

Signature of Parent/Guardian

Date

Relationship to Patient

Receipt of Notice of Financial Policies

Written Acknowledgement Form

I, _____, have received a copy of Kennesaw Pediatrics' **Financial Policies statement. I agree to abide by them and assign insurance payments to Kennesaw Pediatrics, P.C.**

Signature of Patient/Guardian

Date

Relationship to patient