



Welcome To
Kennesaw Pediatrics
 Your Home for Pediatric Healthcare!

3745 Cherokee Street, Suite 401
 Kennesaw, GA 30144
 770 - 429-1005 - Phone
 770-429-8005 Fax
www.kennesawpediatrics.com - Web
info@kennesawpediatrics.com - Email

Advanced Beneficiary Notice (ABN)

YOU WILL NEED TO MAKE A CHOICE ABOUT RECEIVING THESE HEALTHCARE ITEMS OR SERVICES

Your healthcare insurance MAY NOT pay for the item(s) or service(s) offered at Kennesaw Pediatrics, P.C. that are described below. The plan that you have chosen as your health insurer only pays for covered items and services and may not cover all of your healthcare costs. It is the guarantor/parent/legal guardian's responsibility to understand their coverage/benefits as Kennesaw Pediatrics, P.C. cannot guarantee coverage of services.

The fact that insurance may not pay for a particular service does not mean that you should not receive it, especially if your physician recommends that you receive this service.

The purpose of this notice is to help you make an informed choice about whether you want to receive these items/services if you do have to pay yourself, out of pocket. By signing below, you agree to take financial responsibility for the cost of the item(s)/service(s).

You are welcome to file a claim with your insurance company directly and attempt to receive payment. However, we make no assurance that you will be successful.

<u>Lab/Procedure</u>	<u>Out of Pocket Cost</u>	<u>Estimated Result Time</u>	<u>For Service via Insurance</u>
Bilirubin/Hepatic Panel	\$45	20 minutes	<ul style="list-style-type: none"> • Must take your child to Lab Corp/Quest location, sign in/wait, have specimen drawn • Results depend on the lab • 3-6 hour for most lab results • Some may take over 24 hours.
Complete Blood Count (CBC)	\$35	20 minutes	
Comprehensive Metabolic Screen	\$45		
Ear Washing	\$70		
EKG	\$100		
FLU (Influenza) Rapid Test	\$40	10 minutes	
Hearing Screen OAE/Manual	\$95/\$25		
Vision Screen SPOT/Manual	\$40/\$15		
Lead Level	\$25	10 minutes	
Lipid/Cholesterol Profile	\$45	20 minutes	
MonoSpot Test	\$25	10 minutes	
Newborn Metabolic Screening/PKU	\$75		
RSV Rapid Test	\$30	10 minutes	
Throat Culture	\$35		
Urine Culture	\$25		
Wart Removal	\$75-250		

*Prices are subject to change without notification

This only applies to non-covered charges; not to amounts applied to your deductible

Keep in mind that certain procedures are considered SURGICAL PROCEDURES by your insurance. This may include, but is not limited to: Foreign Body Removal (splinters, beads, food, ear wax, etc.), Wart Removal, and Ear Washing.

Signature: _____ **Patient Name:** _____ **Date:** _____