

PEDIATRIC ASSOCIATES OF SAVANNAH

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1001 Memorial Lane, Savannah, GA 31410

Patient: _____ DOB: / / Date: / /

Our Financial Policy

We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees or our Financial Policy.

All patients must complete our "Patient Information Form" before seeing the doctor.

FULL PAYMENT IS DUE AT TIME OF SERVICE.

WE ACCEPT CASH, CHECKS, AND VISA, MASTERCARD, AMERICAN EXPRESS, AND DISCOVER.

MINORS ACCOMPANIED BY AN ADULT

Office policy is that all minors must be accompanied by the parent or guardian before treatment is provided by the doctor. The parent or guardian is responsible for full payment at time of service.

REGARDING INSURANCE

If you have insurance, we will help you receive maximum benefits. All insurance cards and information need to be supplied to us on the first visit. If this is not provided, you are responsible for payment in full. Insurance is a contract between you and your insurance company. We will file on most all insurances. It is imperative that we have all your insurance information and know of any changes that take place for us to properly file your insurance. Since we are on most PPO's and some HMO's we expect payment from your insurance within 45 days. You will receive a statement monthly, and a bill for services not paid by your insurance within that time. After 45 days you are responsible for payment. If your insurance has not paid or you have any questions, please feel free to contact our Financial Counselors.

ALL CO-PAYMENTS ARE DUE AT TIME OF SERVICE

Not doing so is a violation of your contract with you, your insurance company, and Pediatric Associates.

MEDICAID / CHAMPUS / WORKER'S COMPENSATION

If you are covered by Medicaid, CHAMPUS, Worker's Compensation, or any other government sponsored program, please discuss your payment situation with our office staff prior to date of services. **MEDICAID CARDS ARE MANDATORY FOR EACH VISIT.** If they are not provided at that time you are responsible for the payment.

DIVORCE, SEPARATION, AND CUSTODY AGREEMENTS

Pediatric Associates of Savannah, PC 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 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. Pediatric Associates of Savannah, PC 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 has the right to authorize medical treatment and release of the minor's medical records. We reserve the right to discharge any patient from Pediatric Associates of Savannah, PC if an issue comes between the (divorced/separated) parents which might 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.

Responsible Party Signature _____

Date _____