



Insurance Policy of Kids First Pediatrics of GA

Patient Name _____ DOB _____

We at Kids First Pediatrics help coordinate your medical expenses by filing to most major insurance plans. Your insurance is a contract between you and your employer/insurance company. To assist you with maximizing your benefits, we have provided a list of financial responsibilities with us.

- You must provide a picture ID and an insurance card at the time of service.
- If a copay is required for your policy, it is due prior to services being rendered.
- If your insurance should change, it is your responsibility to provide updated information for your child's account.
- If you have an HMO/POS plan with a group insurance, you must select a Primary Care Physician prior to services being rendered.
- If you have a Medicaid CMO plan such as Amerigroup or Wellcare, you must select a Primary Care Physician prior to services being rendered.
- Medicaid CMOs such as Amerigroup or Wellcare do not automatically pay for your primary insurance's copay. You must contact your Medicaid plan, prior to services being rendered, and let them know you have other insurance. If the CMO does not have record of this, you will be charged a copay for the primary insurance plan.
- All newborns must be added to your current insurance within 30 days from the date of birth. If a newborn is not added in that timeframe, you may be subject to pay for a visit in full.
- To fully understand your individual insurance policy, it is your responsibility to contact your insurance to discuss your benefits. It is possible that your insurance may not cover all the services which are rendered
- In the event that you have a balance after your insurance has paid, it is your responsibility to make arrangements to pay the balance due. We do follow general collections guidelines. Payment plans are available.
- Failure to provide all insurance coverage information that a patient has is considered to be fraudulent and may result in services not being rendered or dismissal from the practice.

PLEASE READ THE ABOVE CAREFULLY BEFORE SIGNING. By signing below, I acknowledge that I have read and understand the policy.

Signature _____ Today's date _____

Printed Name _____

Relationship to Patient _____