

COOPER PEDIATRICS

3645-A Howell Ferry Road Duluth, GA 30096
Office: 678-473-4738 Fax: 678-473-4739
"Growing Healthy Children - Our Primary Practice"

FINANCIAL RESPONSIBILITY STATEMENT

Please read carefully!

Thank you for choosing Cooper Pediatrics as your child's health care provider. We are committed to successfully managing your child's health. Please understand that payment of the bill is considered part of your treatment. This Financial Responsibility Statement must be read and signed by the child's guardian prior to any treatment. All patients should also complete our Patient Information and Insurance forms before seeing the doctor. Thank you for your understanding and cooperation. Please let us know if you have any questions or concerns.

While we do participate with many insurance plans, accounts covered by other plans must be paid in full at the time of service unless prior arrangements have been made. We accept Cash, Checks with prior approval and MasterCard, Visa or Discover.

Insurance: We will be happy to file insurance claims for you provided we are a participating provider in your plan. It is your responsibility to provide us with a correct address, telephone number and insurance information at each visit. Insurance coverage and knowledge of plan benefits are the responsibility of the patient. Please refer to your Explanation of Benefits (EOB) provided to you by your insurance plan for questions regarding deductibles or amounts considered patient responsibility.

Insurance plans that offer a copayment require that we collect the copay for each and every office visit regardless of the services being performed. All copayments are due at check-in, prior to treatment. We will apply an administrative fee should we have to bill for your copayment.

Referrals required by your insurance company are your responsibility. If you see the specialist BEFORE receiving approval, you may be required to pay out of pocket. If you must take your child to an urgent care facility after hours or on weekends, please contact our referral department at extension 3 on the next business day so we may do a referral for you.

Other Fees:

After Hour Calls: Please be aware that all after hours phone calls to Cooper Pediatrics or Children's Healthcare of Atlanta (CHOA) will incur a charge. This will be the patient's responsibility as it is not a covered insurance service.

Missed Appointments: All visits are by appointment only. Unless cancelled at least one hour prior to the appointment time, there is an administrative fee for all missed appointments. Future appointments will not be scheduled until this fee is paid. Please help us serve you better by keeping scheduled appointments.

NSF fee: Our office will charge an administrative fee if your bank returns your check for non-sufficient fund (NSF).

PE Forms/Medical Records: Charges are to cover the costs to our office.

I have read and understand the Financial Responsibility Statement. I agree to these conditions.

X _____ Date: _____
Signature of Responsible Party

Please list all children (with 1st and last names) and their birthdays:
