



Financial Policy

Pediatric Cardiology Services, P.C. (PCS) participated with many insurance plans as a convenience to our patients. However, we expect patients covered by these plans to pay their share for our services as specified in your benefits contract. We require payment of co-pays, coinsurance and deductibles at the time of service. If necessary we will consider payment arrangements and if needed we will help you determine your contract benefits.

Please be prepared to furnish the following

- Valid Drivers License
- Current insurance card
- Current Pediatricians information for referral
- Responsible Persons Name, Date of Birth, and Social Security Number.

If you are unable to furnish any of the above items you will be expected to pay for your visit in full at the time of service.

Please be advise:

- Returned checks are subjected to a handling fee of \$25.00
- In the event your account must be turned over to a collection agency, you will be billed and are responsible for all fees involved in that process.

Our practice firmly believes that a good patient relationship is based upon understanding and open communication. Our staff will make every effort to help you in anyway we can to clarify and questions you have about your account and to assist you in getting your accounts paid. We do sympathize with our patients experiencing hardships and we can help you sign up for special programs that may assist you with larger medical bills. Please never hesitate to contact our billing department for any needs or questions you may have. 770-995-6684

PLEASE READ CAREFULLY PRIOR TO SIGNING AGREEMENT

Patient Name

Date

Responsible Party Signature

Patient name

Relationship to Patient

