Rodney N. Kreider, MD, P.C.
1233 Eagles Landing Parkway, Ste. I
Stockbridge, Georgia 30281
(770) 507-4144

Financial Policy

Patient Name:____________________
Date of Birth:_____________________

Thank you for choosing Dr. Rodney N. Kreider's office as the health care provider for your children. We are committed to the care and treatment of your children. This financial policy is an important part of your child's care. Due to increased insurance company demands we ask you to read and agree to the following policy.

We accept a wide range of insurance plans. However, all policies have different benefits, and we cannot know the specific details of each individual policy. It is ***your responsibility*** to know your individual policy and to verify all benefits and coverage information prior to having any services rendered. Also, you must notify us of any changes to your insurance plan or policy prior to your visit.

Co-payments

All co-payments must be paid at the time of service as required by your insurance contract. We accept cash, checks, and all credit cards.

You will be responsible for payment for the following reasons:

1. You do not have insurance.
2. You are insured by a company or a member of a plan with which Dr. Rodney N. Kreider is not contracted.
3. Your child receives a service that is not covered by your policy. For example, some plans do not cover certain immunizations.
4. Your insurance company denies your claim for any reason that is not resolvable.
5. You cannot verify that you have insurance at the time of your appointment.

A $25.00 fee will be applied to your account for all returned checks.

Timely Payment

Any ***outstanding balance*** is required to be paid ***before your next office visit***. If the balance is not paid or reasonable payment arrangements are not made within 90 days, your account will be turned over to our collection agency. ***Furthermore, Dr. Rodney N. Kreider's office will not schedule any appointments for your children until the outstanding balance is paid.***

Missed Appointments

Appointments are scheduled specifically for each patient. If you arrive more than 15 minutes late for your appointment, you may be asked to reschedule to another day. Dr. Rodney N. Kreider's office ***requires a 24 hour notice*** to cancel an appointment. A charge will be billed to your account for missed appointments not cancelled 24 hours in advance. If you miss three appointments without prior notification to our office, you may be dismissed from our practice.

Financial Agreement

We appreciate your compliance with these policies. We strive to provide excellent, cost effective medical care in an ever-changing health care environment. We are happy to discuss any questions you have about these policies.

The undersigned agrees with the terms and conditions listed in the financial policy. By refusing to sign this financial policy, I agree to pay in full at the time of service. I certify that the information I have given to Dr. Rodney N. Kreider's office is accurate. I hereby authorize Dr. Rodney N. Kreider's office to furnish my insurance company with all they may request concerning the patient's present illness or injury. I hereby assign to Dr. Rodney N. Kreider's office all benefits for service rendered.

I have read and understand Dr. Rodney N. Kreider's office Financial Policy. I agree to adhere to the above written policies, and all questions have been answered.

____________________________ ______________________________

Parent Name (Please Print) **Parent Signature**

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Date