📄 Middle Georgia Pediatrics, LLC – Financial Policy

Thank you for choosing Dr. Seth Bush/ Dr Dana Mayo as your pediatric healthcare provider. To ensure transparency and mutual understanding, please review the following financial policy. Your signature is required prior to receiving services.

Insurance & Coverage

- Patients must provide accurate and up-to-date insurance information at each visit. Please confirm that all children's accounts are current.
- If you are covered under multiple insurance plans, you must notify each plan to establish Coordination of Benefits.
- It is your responsibility to verify your coverage for services such as preventive care, diagnostics, and procedures prior to your appointment.
- Additional charges may apply for visits during evenings, weekends, or holidays.

Payment Terms

- All co-payments and applicable deductibles are due at the time of service.
- Full payment is required for services not covered by insurance.
- As part of our contractual agreement with your insurance provider, we are mandated to collect these payments.
- Accepted payment methods include cash, checks, and credit/debit cards.

Self-Pay Patients

- If proof of insurance is not provided, full payment is required before services are rendered.
- Discounts may be available at the physician's discretion and must be paid at the time of service.

Billing & Statements

- Monthly statements are issued for any remaining patient balances after insurance processing.
- A $35 fee will be charged for returned checks.
- The financially responsible parent or guardian listed on the account is liable for all charges, regardless of custody or separation arrangements.

Account Balances & Collections

- We understand that unexpected medical expenses may arise. If you have a balance, please contact our billing department to discuss payment options.
- For billing inquiries or to set up a payment plan, call (478) 330-7228.
- Statements are issued monthly and are due upon receipt

- Healowpay.com for any online payments
- For balances over $200.00, payment plans are available through CareCredit to help manage your healthcare expenses.
- Accounts that become delinquent may be referred to an external collection agency and will incur an additional fee of 30% of the outstanding balance.

Insurance Disclaimer

- While we may be in-network with many insurance plans, your insurance contract is between you, your employer, and the insurance company.
- We are not a party to that contract and cannot guarantee coverage.
- Responsibility for payment is transferred to you only after we receive a response from your insurance provider.
- Please review your Explanation of Benefits (EOB) carefully to understand coverage decisions. For questions about your insurance claim, contact your insurance company directly.

Guarantor Acknowledgment

Signature of Responsible Party: _____ Date: _____
Social Security Number: _____
Please list the names of all children receiving care from Dr. Bush:

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