



THE WORLD OF PEDIATRICS

Dr. Lyudmila Vayman

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Practice Policies

Thank you for choosing us as your health care provider. We are committed to the care of your child.

Appointments:

Appointments can be made during our regular office hours 9:00am-5:00pm M, T, TH, F or 10:00am-6:00pm W. If your child is sick, we can usually work-in your child for a same day appointment. Sometimes it is necessary for us to triage your child's illness and we may offer you an appointment on another day. Well child appointments tend to book 2-4 weeks from any given day, so please call in advance for these appointments. Walk-in patients will be worked into the schedule and will be seen after our scheduled patients. We prefer that you phone first for an appointment rather than walk-in.

We sincerely try to meet our appointment schedule, but on occasion, due to medical emergencies, we are unavoidably delayed. Thank you for your patience in this matter. A staff member will try to notify you of any delay.

Cancellation or Missed Appointments

Much effort goes in to preparing for your visit. If you are unable to keep your appointment, please, be considerate of other patients needing to be seen and contact us no later than the day before your scheduled appointment to cancel.

All "same day" cancellations and "no show" well child appointments will be charged a \$50.00 missed appointment fee. Two "unexcused" missed appointments may result in discharge from the practice.

After Hours:

Coverage is provided during after hours and weekends. You may call our main office number and our answering service will transfer you to the Children's Healthcare of Atlanta Kids Line for nurse advice or contact the physician on call. If your condition is a life threatening emergency, please, call 911.

Prescriptions/Refills:

Please, call your pharmacy and have them contact us during regular office hours for any approved refills. You may, also, request refills on line through our patient portal. We will refill prescriptions within 24-48 hours of receiving a call from your pharmacy or an on-line request.

Prescription requests for CII drugs (i.e.: Adderall, Concerta, Ritalin etc...) should be requested one week prior to need. These prescriptions must be picked up at our office during normal business hours.

We will not authorize refills during after hours, weekends, or refill another physician's prescription(s).

Requests for new medications or antibiotics will not be filled without first making an appointment for your child to be seen.

Referrals:

If your insurance requires a referral in order for your child to see a specialist, it is your responsibility to contact our office as soon as an appointment is made. We require a one week notice to process your referral. Same day referral requests will be denied.

Insurance:

You are personally responsible for all services provided by The World of Pediatrics. It is your responsibility to know what type of insurance you have and the type of coverage it provides. It is your responsibility to know what your insurance covers. If you do not inform us of any special requirements and services are subsequently not covered, you are still personally responsible for your bill. Please, do not hesitate to contact us with any questions regarding your bill.

Payment:

All professional services are charged to the patient, their parent, or their guardian. Payment is expected in full at the time of service. We accept cash, checks, Discover, MasterCard, and Visa. A service charge of \$25.00 will be due for each bounced check.

We will file insurance for those patients that are covered by private insurance or Medicaid. You must present a valid insurance card for all patients at each office visit. Any co-payments or deductibles are to be paid at the time of service. If a co-pay is not paid at the time of a visit, a service charge equivalent to your co-pay will be added to your account. The patient, their parent, or their guardian is ultimately responsible for all outstanding balances regardless of insurance coverage. All insurance payments of medical benefits must be made directly to Dr. Vayman or The World of Pediatrics.

Patients not covered by insurance must pay for each visit in full at the time services are rendered.

Medicaid patients, their parents, or their guardians are responsible for ALL medical expenses in the event that the patient loses Medicaid coverage during the course of treatment.

School & Camp Forms:

Due to the demand of forms requested for various school, camp, and sports programs, we have found it necessary to charge \$15.00 -\$25.00 for each health form to be filled out. If your form is brought in with your child on the day of their well child exam, there will be no charge. We, also, request that all forms be dropped off at least 7-10 days in advance, so that we may have ample time to complete all forms.

Medical Records:

If requesting your child's medical records, please, allow two weeks for our office staff to process your request. There is an administration fee of \$25.00 per chart, for the first 25 pages, and \$0.85 per each additional page up to 50, \$0.35 for pages 51-100, and \$0.25 per each page over 100. We do not charge an administration fee to send a copy of your child's immunization record and growth chart to another physician's office.

Miscellaneous Paperwork:

Other forms, letters, or paperwork not listed above are charged based on the quantity and depth of forms and documents that a patient requests us to prepare. The cost for notarization of these forms is included. These forms will be ready for pick up or for fax within 7 to 10 days of request. Minimum charge is \$5.00, but typical charges are usually \$15.00 to \$25.00. Charges can exceed these amounts depending on the time required to write or complete your request. Payment will be required prior to mailing, faxing, or pick-up.

Release of Information:

I authorize the release of any medical information necessary to process an insurance claim or receive payment, needed during the course of treatment, needed to consult with other physicians, or required for operational needs.

Assignment of Benefits:

All insurance payments of medical benefits must be made directly to Dr. Vayman or The World of Pediatrics.

Cell Phones: Cell Phones must be turned off while patients are in The World of Pediatrics.

OUR FINANCIAL POLICY

Please, understand that payment of your bill is considered a part of your treatment.

**FULL PAYMENT OF BALANCES DUE MUST BE PAID AT THE TIME OF SERVICE.
WE ACCEPT CASH, CHECKS, OR VISA/MASTERCARD/DISCOVER.**

Regarding Insurance

We will file and accept assignment of insurance benefits as a convenience to you. However, the balance is your responsibility, whether your insurance company pays or not. We cannot bill your insurance company unless you give us your timely updated and correct insurance information. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract.. Please, be aware that some, and perhaps all, of the services provided may be non-covered services, and/or not considered reasonable and necessary under your insurance plan.

You will be responsible for contacting your insurance company prior to your scheduled appointment to obtain benefit information. Some insurance policies do not cover in-house labs or screenings with well exams. These labs or screenings will be optional to you. If they are not covered by your insurance, you will be responsible for payment of these services.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients, and we charge what is usual and customary for our area. Any balance not paid by your insurance company must be paid in full before the next scheduled appointment. All required health forms filled out by us at the time of the visit will be done at no charge, for forms filled out at a later time we shall charge a minimum of \$15 each.

Missed Appointments

Unless an appointment is canceled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of a normal office visit. All no-shows will be noted in the patient's chart.

Two (2) no-shows will constitute dismissal from this practice.

Medical Records

Any medical records brought or mailed to our practice from another physician's office will become property of The World of Pediatrics. If in the future, should you leave our practice we will gladly forward a copy of your child's immunization record and growth chart to another physician of your choice. It is the policy of this office not to charge for the release of these documents to another physician.

Waiver Agreement

This Waiver Agreement states that you, the parent, or the guardian of the patient, will be responsible for all charges incurred for services rendered that are not covered by your primary or secondary insurance carrier, whether private or Medicaid. These services include, but are not limited to immunizations, well-child appointments, sick visits, labs, screenings, and other requested or necessary medical procedures performed in this office.

If outstanding balances are not paid in full by a date specified by the practice, you will be turned over to collections without further notice and dismissal from the practice will follow.

X _____
Signature of Patient or Responsible Party

X _____
Relationship

X _____
Date