

PRIMARY CARE PEDIATRICS

763 Peachtree Parkway, Suite 2

Cumming, GA 30041

Telephone (678)208-2050

Fax (678)208-2051

MANAGED CARE ACKNOWLEDGEMENT

By my signature below, I acknowledge that I have been informed of the following information:

1. Many insurance plans require that all health care be directed through this office. Therefore, I must see my primary care physician or one of her associates in the Office to discuss any concerns or issues before any referral will be given. **It is my responsibility to check with my insurance company to see if a written referral is required.** If so, this office will handle all the necessary paperwork.
2. Referrals must be received or confirmed prior to visiting a specialist's office. Failure to obtain a referral may result in my insurance carrier failing to pay for the care and I can be held financially responsible for the service.
3. Most referrals will be handled **within 14 days** of the request. This is within the guidelines of the bulk of managed care health plans. Post-dated or same-day referrals are only completed with the approval of the physician or office manager.
4. I must notify this office following a visit to the emergency room or an urgent care facility within 48 hours of the service. **I should not assume that Children's Healthcare of Atlanta, the nurse advice line, or the physician on call will notify the office.**
5. If my child must see a specialist for any follow-up from an ER visit or urgent care facility visit, I must notify my Primary Care Provider to obtain a referral. **I should not assume that the ER or urgent care facility has notified my physician.**

Signature of Parent or Guardian

Date

6/15/10