

January 2014

ZOe Pediatrics

Thomaston Office
210 Hannahs Mill Rd
Thomaston, GA 30286
(706)938-0990



Barnesville Office
100 Hwy 18W, Suite 201
Barnesville, GA 30204
(678) 359-1700

"Your Child Doesn't Have to be Sick to Get Better!"

Call for an appointment!

Happy New Year!!!

Stephanie H. Kong, M.D.

Thanks to you, we have been a part of your children's lives for almost 2 years. A new year represents a new beginning. We wish you continued prosperity and the good health. Many exciting activities are planned. Our Well Child events will be announced in February. We think the two items below will also add value for our patients. Let's commit to raising soaring eagles.

The Merck Diabetes Study: We have a problem with obesity in Middle Georgia. So, we are diligent about monitoring cholesterol, blood pressure and glucose to assure our children a life without diabetes, strokes and heart disease. Nevertheless, we have children who are diabetic and our current treatment options are limited. So, we agreed to participate in a study with Merck. They developed what promises to be an effective treatment for diabetes in children and asked Centers of Excellence across the country to study whether this new treatment live up to its promise. If you suspect that your child has diabetes, please bring them in for a free evaluation. If they qualify, all treatment will be free and you will be reimbursed for all study related expenses. What we learn will contribute to the improved treatment of diabetes.

Georgia Medicaid: These are confusing times. Georgia Medicaid changed January 1. In order to assist our patients to continue to enjoy their Medicaid coverage, we have asked Ms. Lawanda Williams to help our parents negotiate and adopt to these changes. If you want her assistance, please sign the letter of consent on the back of this newsletter and bring it to ZOe.

WE WANT YOUR FEEDBACK!

"I like how clean everything is and how thoroughly you exam my child." **Megan Johnson**

"Every time I bring my grand children to ZOe, every one they have seen have done an awesome job. They take the time to explain everything."
Katrina Chambless

"There has never been a more caring doctor when it comes to kids. She shows tremendous support for parents. I love her for that." **Phyllis King**

"We love you Dr. Kong" **Rebecca Craven**

"The staff is wonderful with my children. We live in Butler and wish you were closer but willing to drive to Thomaston." **Patricia Gordon**

"I like that fact that Day or night, someone is always available to answer my questions."
Shatterrica Hall

Insurance we accept

Aetna
Amerigroup-Medicaid
Blue Cross Blue Shield (PPO, POS, HMO)
Cigna
Coventry
Georgia Medicaid
NoviNet
Peachstate-Medicaid
Peachcare For Kids
Secure Health (URMC employees only)
Starcare
SuperMed
Tricare (Standard ONLY)
United Healthcare
Wellcare- Medicaid
and Self Pay Patients are Welcome!

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ZÖe Center for Pediatrics & Adolescent Health, LLC

Permission to Assist in Processing Medicaid Eligibility Applications

I _____ (parent and guarantor) of _____ (child)
_____ (Address)

authorize **Zoe Center for Pediatric & Adolescent Health, LLC (ZOe)** to provide Ms. Lawanda Williams (Patient Advocate) with information pertaining to my child's Medicaid eligibility and other protected health information which may be necessary to assist me to re-establish my child's Medicaid Benefits. I am aware that Ms. Williams will act as an advisor only. I further acknowledge and understand that neither ZOe nor Ms. Williams can provide me with guarantees regarding my child's Medicaid eligibility which is the sole responsibility of the Department of Family and Children's Services, (DFACS).

I fully understand that ZÖe is making available for my use an on-site computer and phone from which I can complete all necessary paperwork regarding the application for Medicaid coverage for my child. I further acknowledge that it is my sole responsibility to:

1. complete any necessary forms and steps that may require my presence at a local DFACS office
2. follow-up on any incomplete information that may be necessary to ensure that my application is processed by DFACS

I also fully acknowledge that during the process of my application being processed by DFACS and the restoration of my child's Medicaid eligibility, I am solely responsible to pay for all charges incurred for medical services provided by ZOe staff.

(Name of Guarantor)

(Date)

(Signature of Guarantor)

(Witness)

(Date)

“For the new year, let us resolve to try out our children's eyes and ears. You may even want to walk a mile in their shoes.” B. Waine Konq, Ph.D., JD