



McDonough Pediatrics, P.C (Updated 09.02.2025)

Parents/ Guardians: Please call and verify that the location of your preference accepts your insurance prior to scheduling an appointment. If none of the suggested resources meet your needs, you can also contact your insurance company or search [www.zocdoc.com](http://www.zocdoc.com) for more recommendations. After you have made your selection, please call our office at 770-957-8626 to let us know which location you choose so that we may send your referral prior to your appointment. Please allow our office 5 business days to complete referrals.

## **Psychiatry**

- Henry County Counseling Center 770-358-5252  
139 Henry Parkway  
McDonough, GA 30253
- APEX Family Healthcare Services 678-782-7272  
159 Burke Street # 201  
Stockbridge, GA 30281
- Peachtree Pediatric Psychology { SSI Medicaid ONLY } 404-796-7777  
750 Hammond Drive  
Building 10, Suite 100  
Atlanta, GA 30328
- Peachford Hospital \*\*Self Admit\*\* 770-455-3200  
2151 Peachford Road  
Atlanta, GA 30338
- Anchor Hospital \*\*Self Admit\*\* 678-251-3200  
5454 Yorktowne Drive  
Atlanta, GA 30349
- GA Crisis & Access Line (GCAL) 800-715-4225

### **REFERRAL PROCEDURES & RULES:**

\* All Referrals MUST be from a McDonough Pediatrics physician. \* Our office needs to be notified 5 business days in advance and include: DATE, TIME and NAME OF SPECIALIST. Failure to provide all necessary information may result in delay of processing the request. \*Each specialist office has their own rules/guidelines, it is your responsibility to be aware of these policies and to follow them accordingly. \* Cancellations and/or rescheduling of appointments is your responsibility. Our office works very closely with these specialists and their offices, to ensure that we get appointments for our patients on an ASAP or first available / work-in basis. We do not want to jeopardize this relationship by referring those patients who do not follow their policies. \* In the event that your referral expires prior to your scheduled appointment date, please notify our office immediately so we can update the referral as needed.

**\*\*On URGENT / SAME DAY/ NEXT DAY appointments, please notify our office ASAP so they can be processed immediately. \*\***