



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 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.

Ortho Specialist- Hand & Wrist

- Ortho Atlanta Hand & Wrist Center- The Battery 404-418-9090
455 Legends Place SE #890
Atlanta, GA 30339
- Atlanta Hand Specialist { No Medicaid } 770-333-7888
8 locations
- Georgia Hand, Shoulder & Elbow { No Medicaid } 404-551-2205
620 Cherokee Street NW #200
Marietta, GA
- Hand & Upper Extremity Center of GA (Adult & Pediatrics) 404-255-0226
 - 980 Johnson Ferry Road NE, Suite 1020 {Medicaid, Peach State,
Atlanta, GA 30342 Caresource & Amerigroup}
 - 4165 Old Milton Parkway, Suite 170 West
Alpharetta, GA 30005
 - 2000 Howard Farm Drive, Suite 310
Cumming, GA 30041

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. ****