



## Financial Policy

To reduce confusion and misunderstanding between our patients and practice, we have adopted the following financial policies. If you have any questions regarding these policies, please discuss them with our office manager. We are dedicated to providing the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.

### Payment:

- Unless other arrangements have been made in advance by either you or your health insurance carrier, **full payment is due at the time of service**. For your convenience we accept cash, checks, and credit cards including Visa, MasterCard, and Discover. We do not accept American Express or postdated checks. Any returned checks will result in a \$35 service charge and all future payments will be required to be cash or credit card.

### Insurance:

- Insurance is your responsibility. **You must present a valid insurance card at every visit**. We are not responsible for obtaining or maintaining ID numbers, or knowing all the ins and outs of your plan. We are committed to providing the best evidence based care established on published guidelines and do not base our care on what your insurance covers.
- We have made prior arrangements with many insurers and health plans to accept an assignment of benefits. This means that we will bill those plans for which we have an agreement. **Insurance companies require you to pay the authorized copayment at the time of service**. If you do not make your copayment at the time of service, you will be subject to a \$10 charge. The outstanding copayment and late fee must be paid within two days.
- Deductibles and fees for non-covered services are due at the time of service.
- In the event that we cannot verify your insurance, we will expect payment in full at the time of the visit. We will then either provide you with a receipt or may file the claim for you when the correct information is available. However, please remember most insurance companies have filing deadlines, and if you provide information past the deadline, we cannot file the claim for you.
- If your child is seen on an observed holiday, evening after 5pm or on the weekend; our office will charge an additional fee to your insurance company. If in any case your insurance does not cover any additional fees; you are responsible for any remaining balances.

**Newborns:**

- **It is imperative that you add your child to your insurance policy within 30 days.** Please do this as soon as possible, to avoid any unpaid claims. We file all hospital claims; any balance due is your responsibility and is due upon receipt of a statement from our office.

**Minor Patients**

- For all services rendered to minor patients, we will look to the adult accompanying the patient for payment.

**Medical Records**

Medical records requested by the patient for the purposes of transfer of care will be provided to another physician at no charge for the first copy with a completed transfer form. There is a \$25 fee for additional copies. For medical records provided to parents, there will be a \$25 fee and those records must be picked up from the office.

**Missed/Canceled Appointments**

- Appointments must be canceled at least 24 hours prior. Failure to do so, even for same day appointments, will result in a \$25 no show fee per occasion, per child. Repeated missed or canceled appointments may result in dismissal from the practice.

**Payment and Collection Policies**

- Statements will be sent for any remaining balance after your plan pays its share. Payment is due upon receipt. If you are unable to pay the entire balance, please contact our office immediately to set up a payment plan. Failure to respond to two statements requesting payment may trigger collections action. Should that become necessary a 30% fee or \$35 charge, whichever is greater, will be assessed to your account and will result in dismissal from the practice. You are responsible for all fees due to the collection agency in addition to the balance owed.
- Credits due to patients that are in the amount of \$20 or more will be refunded in a check form. If the refund is less than \$20, your account will be credited.

I have read and understand the financial policy of the practice, and I agree to be bound by its terms. I also understand and agree that the practice may amend such terms from time to time.

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Printed Name(s) of the Patient

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Signature of Patient or Responsible Party if a Minor

Date