

Financial Policy for The Pediatric Associates

Payment is expected at the time of service regardless of who brings the child for the appointment. This includes applicable coinsurance and copayments for participating insurance companies. Our office accepts cash, personal checks (in-state only) and most credit cards. There is a \$25 service charge for returned checks.

For patients without insurance or with non-contracted insurance carriers: Please make payment for your care at the time of service. A 20% discount is applied to charges with the exception of injections and immunizations. Please ask if you need a claim form to bill your insurance.

For patients with contracted insurance: Your copay is expected at time of check-in to the office. Failure to pay required copays will result in a \$5.00 late fee to be added to the account and may result in future appointments to be put on hold until the balance is paid in full.

Please understand that your insurance is a contract between you and your insurance carrier. We cannot influence how much of our fees your insurance will cover. Your benefits are determined by the policy you purchased. You will be responsible for any non-covered service or services considered "Not Medically Necessary" by your insurance. If you wish to decline any services, please inform the medical staff at the beginning of your visit.

We will accept your insurance on assignment and bill participating insurance companies as a courtesy to you. You are responsible for providing us with correct information about insurance coverage. If incorrect information is given and claims are denied, you will be billed for the charges incurred. If we have not received payment from your insurance company within 45 days of the date of service, you will be expected to pay the balance in full.

Additional charges that can be incurred are, but not limited to: emergency fit-in appointments, telephone encounter fees and home health oversight & review fees.

All charges incurred are your responsibility and obligation.

Any account with an outstanding balance that is over 45 days old is subject to an 18% interest charge and additional administrative fees until the balance is paid in full.

Administrative fees include:

- Returned check fee \$25.00
- Past due fee \$5.00
- Medical Records copy fee \$16.00 (for the first 10 pages. \$0.25 for each additional page plus postage)
- Collection Account Fee \$15.00
- Interest Fees 18% charge (not A.P.R.)
- Certified Mail Fees – will be determined by postal weight

Your ability to schedule appointments may be suspended if balances remain unpaid.

Name(s) of Patient

Signature of Parent/Guardian

Date