

Practice Financial Policy

Since the founding of this practice, we have always offered the best medical care possible. It is the policy of our practice to treat all patients in an equitable fashion related to account balances. In order to continue to do so, we have implemented a Patient Financial Policy, which is outlined in this document.

Time of Service Payments

The amount due at the time of your visit may include: past balance, deductible, copay, co-insurance and/or prepayment for procedure. If you are unable to pay in full for your time-of-service fees, you will be charged a \$15 processing fee.

Discounts are granted to you in two circumstances:

1. Uninsured or non-par patient if payment is made at time of service.
2. Patients who meet your specifically defined financial hardship criteria.

For Self-pay patients:

We expect payment at the time of treatment for patients who have no insurance coverage. We will do our best to give patients an estimate of the charges the day ahead of their visit when we call to confirm their appointment. Before visits, we will expect payment of the actual charges by one of the methods listed above. A self-pay discount of X% is offered for self-pay patients who pay their bill in full at the time of service. For large balances, we will work with our patients to develop a payment plan.

For Insurance patients:

We accept the following insurance plans:

We require that patients bring their insurance card with them to each appointment in our office so that we can be sure that we have correct insurance information on file, and we will scan it into our system. As a courtesy to our patients, we will file a claim with their primary and secondary plans. Also, if the plan has a copay, we expect payment of the copay upon registration for your visit. When primary and secondary plans have paid their portion of the charge, the remainder will become your responsibility and will be indicated on the statement you will receive from our billing service.

While our billing service will do all they can to help you in communicating and negotiating with their insurance plan, any question regarding coverage, benefits, or payment for services provided, is your responsibility to resolve.

Any balance on a patient account, for any covered or non-covered service, that is 30 days old, will be considered *past due*, and is your responsibility to pay. It is our policy to send statements and make phone calls to patients before taking further action on your account. In the event an account is placed with an agency for collection purposes, you will be responsible for all collection agency fees (up to 35% of the balance placed for collection). In addition, the patient will be responsible for all court costs, filing fees, and attorney fees should this account require litigation.

We send monthly statements to inform you of any balances due, and we also remind you of money due when you call to schedule appointments and when we call you to confirm appointments. We expect that patient due balances will be paid upon receipt of our statement, or prior to the next visit. You will not be allowed to make an appointment if you have a past due balance and have not either paid it in full or arranged a payment plan with our office. In order to make it easier for our patients, we accept cash, checks, money orders, VISA, Master Card, and Discover. All may be given as payment at the front desk or sent with statements.

No-show fee:

If you make an appointment with our office and need to cancel or change it, please be fair to the other families and request those changes within 24 hours of your appointment. Otherwise, we will charge you a \$25 no-show fee.

Questions regarding this financial policy should be directed to PedsOne at 866-371-6118.

Guardian/Guarantor Signature:

_____ Date _____