

PATIENT FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to building a successful physician-patient relationship with you and your family. Please understand that payment for services is a part of that relationship. The following is a statement of our Financial Policy, which we require you to read and sign prior to treatment.

PATIENT INFORMATION:

A fully completed, current patient registration will be on file in the patient chart during the time in which the patient is considered an active patient. Patient registration will be updated yearly and will include where the parent can be reached by phone. A signature by the responsible party is required.

INSURANCE CLAIMS:

Knowledge of Insurance Handbook Guidelines and requirements is solely the responsibility of the patient's parents/guardians.

We will file claims with the patient's insurance upon the patient's submission of proof of insurance (i.e., insurance card indicating coverage, identification number and group number). *In the event the patient has insurance coverage but cannot provide documentation, payment is due at the time of service.* Upon receipt of the insurance card, we will submit the health insurance claim form indicating patient payment at the time of service.

SECONDARY INSURANCE:

Claims will be filed with secondary insurance if adequate information is received at the time of service.

PATIENT FINANCIAL RESPONSIBILITY:

If no insurance is to be filed by us, or if we are not a participating provider in your insurance plan, **full payment is expected at the time service is rendered.** If necessary, we can set up a payment schedule. Payment arrangements will be made with the approval of the Office Manager.

We, and your insurance company, expect all co-payments/deductibles/co-insurance and non-covered services to be paid at the time of service. All can be subject to a late fee if not paid at the time of service. Please keep in mind if you send your child in with someone other than yourself, the above policy still applies.

MINORS/DEPENDENTS:

Children under the age of 18 will require the signature of a responsible party on the registration form.

WORKERS' COMPENSATION:

Workers' compensation will be filed if the patient notifies us when scheduling the appointment and supplies billing information at check-in.

Emergency Work Ins:

There will be a separate charge for services provided on an emergency basis which disrupts other scheduled office services, in addition to the basic service.

18 YEAR OLDS:

Once a child turns 18 years old, the child is considered emancipated and is responsible for their own medical care. The child will then be expected to complete their own patient registration form, financial policy and provide insurance information. We can no longer speak to the parents/legal guardians unless given verbal permission or written notarized permission from the child.

WELL CHILD CARE:

According to insurance coding guidelines, the required components of a routine child exam include health/developmental history, physical exam and health education and anticipatory guidance. If an abnormality is encountered or a preexisting problem is addressed in the process of performing this preventative medicine evaluation, then you will be billed an appropriate "sick visit" in addition to the well child visit.

METHOD OF PAYMENT:

Acceptable methods of payments in the office are cash, check, Visa, Mastercard, Discover, and American Express. We also offer a website for payments on line. A charge will be placed on your account for each NSF (non-sufficient funds) check returned.

Divorce decree or separation of the parents is not binding between the physicians and the parents/guardians. The payment for services is expected from the parent/guardian who brings the child in for a office visit.

PAST DUE ACCOUNTS:

Any outstanding balance, after insurance has paid will be invoiced to you on a statement. Payment is due upon receipt of the statement.

Prolonged delinquency in payment may result in preparation of account for small claims court, collection agency and/or credit bureau reporting with discharge from the practice.

In the event an account is turned over for collection, the person financially responsible for the account will be responsible for all collection costs including reasonable attorney fees and court costs.

MISSED APPOINTMENTS:

We request the courtesy of a 24-hour notice of cancellation. Consecutive missed appointments without notice will be documented and may result in discharge from the practice.

ACCOUNT CONSULTATION:

PHYSICIANS DO NOT DISCUSS FINANCIAL ISSUES. Our billing staff is trained to discuss your account and make payment arrangements. Please keep in mind that these arrangements are based on the physician's protocol.

MEDICAL RECORDS:

We accept our authorization for release of information form only. There will be a charge plus postage fee for copying of medical records. This fee is not billable to your insurance company. There are fees associated with the completion of daycare, school, sports, camp, etc. forms. A fee also applies to the completion of FMLA paperwork. Fees for forms must be paid in advance of forms being completed. Form fees are not billable to your insurance company.

ACKNOWLEDGEMENT OF RECEIPT:

I have received a copy of the financial policy. It will remain in effect the entire time my child(ren) are active with the practice. Terms subject to change without prior notice.

Signature

____/____/____
Date

List all children that are patients here:

