



**PEDIATRIC PHYSICIANS, INC.
PATIENT FINANCIAL POLICY**

We are committed to providing you with the best possible pediatric care, and will work with you to meet any special needs you might have. However, that requires both the patient and physician understand what is expected of the other, medically and financially.

The following information is an agreement between Pediatric Physicians, Inc., and Patient/Responsible Party named below. By signing this agreement, you are acknowledging that you understand our insurance and financial policies and are agreeing to pay for all services received.

Insurance Participation

Our office participates in a variety of insurance plans, and we will submit all claims to those carriers. However, there are several points we wish to emphasize:

- Your policy is a contract between you and the insurance company. While we will assist as much as possible, it is your responsibility to be familiar with your coverage and contact them directly if you have questions.
- You must bring your insurance card with you to every visit, and make us aware of any changes in coverage.
- You are expected to pay your copayment at each visit. If you ask us to bill you for this amount, or decline to pay on the date of service, there will be a \$10.00 processing charge added to your account.
- If we do not participate with your insurance, you will likely have a higher out-of-pocket expense, so please be prepared.

Self Pay Patients

If you do not have insurance, you will be asked to pay your balance at the time of your visit.

Payment arrangements

If you need to arrange a payment plan, please ask for someone to assist you while you are in the office. Based on your total balance, we may offer limited payment terms.

No Show Charge

If you are unable to keep your appointment, and do not provide at least 24 hours' notice of cancellation, you may be subject to a \$25 charge. **If you miss a consultation or ADHD appointment without notifying us 24 hours prior to your appointment, you will be charge a missed consultation fee of \$50.**

Responsible Party

In cases of divorce and/or separation, the legal guardian and/or the person bringing the child in for services will be held responsible for paying any balance originating from that visit. If you provide legal documentation that someone other than the legal guardian is financially responsible and you provide billing information for that responsible party, we will attempt to bill that party. However, if the balance is unpaid by that person, you will be held responsible for the balance on your child's account.

Past Due Accounts

If your balance is not paid in a timely manner, we reserve the right to forward your account to an outside collection agency or attorney. All fees assessed by the agency or attorney will be charged to you and become part of your outstanding balance.

I HAVE READ, UNDERSTAND AND AGREE TO COMPLY WITH THESE POLICIES.

Date: _____ Name: _____
Print Name of Patient

Signature: _____
Signature of Patient or Responsible Party