OFFICE FINANCIAL POLICY

Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve our goal. Please read this carefully and if you have any questions, please do not hesitate to ask a member of our staff.

1. On arrival, please sign in at the front desk and present your current insurance card at every visit. This is your verification of the correct insurance and consent to bill them on your child's behalf. IF THE INSURANCE COMPANY THAT YOU DESIGNATE IS INCORRECT, YOU WILL BE RESPONSIBLE FOR PAYMENT OF THE VISIT AND TO SUBMIT THE CHARGES TO THE CORRECT PLAN.

2. If we are your primary care physician, make sure our name or phone number appears on your card. If your insurance company has not been informed that we are your primary care physician as of this date, you may be financially responsible for the visit.

3. According to your insurance plan, YOU are responsible for any and all co-payments, deductibles, and coinsurances. If during a physical your child is treated for a specific or separate problem, we are required to report that to insurance. That may result in your insurance charging you for an additional co-pay.

4. **It is your responsibility to understand your benefit plan. It is your responsibility to know if a written referral or authorization is required to see specialists, if preauthorization is required prior to a procedure, and what services are covered.**

5. If our physicians do not participate in your insurance plan, payment in full is expected from you at the time of your office visit. For scheduled appointments, prior balances must be paid prior to the visit.

6. **IF YOU HAVE NO INSURANCE, PAYMENT FOR AN OFFICE VISIT IS TO BE PAID IN FULL AT THE TIME OF SERVICE.**

7. Co-payments are due at the time of service. A $10.00 service fee will be charged in addition to you copayment if the co-payment is not paid at time of service or within 5 days of that visit.

8. All vaccines that have been endorsed and signed for by a parent (guardian)/patient to be administered will be billed to insurance and the financially responsible party.

9. Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due within 10 business days of your receipt of the bill.

10. If payment plan arrangements have not been made with our billing department, any account balance outstanding greater than 90 days will be sent a reminder letter. Then if payment is not received within 30 days, your account will be referred to our collection agency and we can only provide you with acute illness appointments until balance is paid in full.

11. A $30.00 fee will be charged for any checks returned for insufficient funds, plus any bank fees incurred.

12. We charge $10.00 per child to copy medical records.

13. If your child has school, camp or sport forms to be completed within 24 hours, there is a $10.00 **rush fee** charge per form. Payment is due when the forms are picked up. We have a 3-5 day turnaround time for forms at no charge.

14. Before making an annual physical appointment, check with your insurance company whether the visit will be covered. Not all plans cover annual routine/preventive physicals or hearing and vision screenings. It is your responsibility to know your insurance plan benefits. IF ROUTINE/PREVENTATIVE VISITS ARE NOT COVERED, YOU WILL BE RESPONSIBLE FOR FULL PAYMENT AT TIME OF VISIT.

15. Not all services provided by our office are covered by every plan. Any service determined to not be covered by your plan will be your responsibility.

I have read and understand this office financial policy and agree to comply and accept the responsibility for any payment that becomes due as outlined above.

Patient Name (s) ______________________________ __ ____

Responsible Party's Printed Name: ____ Relationship: ______________________

Responsible Party's Signature: _______________________ ______________________________ Date: _____________________