



FINANCIAL POLICY

Thank you for choosing The Pediatric Center as your child's medical home. We are dedicated to providing the best possible care for your family, and we want you to completely and thoroughly understand our financial policies. Please understand that payment of your bill is considered as part of your child's treatment.

- 1. Payment is due at the time of check-in for any services rendered. We accept checks, cash, and all major credit and debit cards excluding American Express. Your insurance policy is reviewed prior to every service and if proof of insurance cannot be verified at the time of service, you will be responsible for payment of all services at time of check-in. If you have an outstanding balance on your account, payment is due at the time of check-in as we send monthly statements showing balances in an itemized format.**
2. Keep in mind that your insurance policy is a contract between you and your insurance company. As a service to you, we will file your insurance claim as long as you assign the benefits to The Pediatric Center directly. If your insurance company does not pay the practice within 60 days from the date of service, you could be billed for the balance remaining. If we later receive payment from your insurance company, we will refund any overpayment to you.
3. We have made prior arrangements with many insurance companies and other health plans to accept an assignment of benefits. You may be required to pay a copayment at the time of your visit, and the remaining amount will be billed to your insurance company. Non-payment of a copayment for a visit is a violation of the contract between you and your insurance company.
4. If you are insured by a plan that we do not have a prior arrangement with, we will prepare and send the claim for you on an unassigned basis. This means your insurance company will send any payment directly to you; therefore, you are responsible for payment in full at the time of service.
5. Not all insurance plans cover all services. In the event that your insurance plan determines a service to be "non-covered," you will be responsible for the entire charge. Payment is due upon receipt of a statement from our office.
6. The Pediatric Center is committed to providing prompt, efficient quality medical care. If you miss scheduled appointments, or do not call a minimum of 2 hours before the appointment time, a fee of \$25.00 could be charged to your account. It is important for your child to receive continuous healthcare to ensure proper growth and development.
7. If checks are returned for Non-Sufficient Funds (NSF), you will be charged for any customary bank fees for the returned check. In this case, you would no longer have the privilege of writing checks to our clinic—you would have to pay with cash or credit or debit card only.
8. Please be informed that it is your responsibility to provide The Pediatric Center with your correct address in cases of which your information changes. It is also our request that if the patient's parents are divorced, you provide us with a copy of the divorce decree or custody paperwork showing who has financial responsibility for medical expenses.
- 9. If balances tend to exceed past 90 to 120 days or more, your account could be referred to American Credit Bureau, Inc. American Credit Bureau, Inc. reports to all of the three main credit reporting agencies, including Transunion, Equifax, and Experian, after 60 days of the account being referred to them. Any outstanding balances at that time would create a blemish on your credit report for up to 7 years.**

Please let the office know if you have any questions or concerns.

I have read and understand the practice's financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time.

Signature of Parent/Guardian

Name of Patient(s)

Date