



## Medical Center Pediatrics Financial Policy

Our main focus is to provide excellent medical care to our patients. To help us continue providing care, we ask that payment responsibilities are met in a timely manner.

### Why we have this policy

- To meet the financial obligations of the practice
- To follow terms set forth in insurance contracts
- To help families understand their financial responsibilities for services we provide

### Insurance claims

We will file claims using the insurance information you provide. We accept most insurance plans; however, always check with your carrier to ensure that we participate. Please notify our office if your insurance changes. If we do not have updated insurance information and a claim is rejected, you will be responsible. Please be sure you understand your individual coverage.

### Returned checks

All returned checks are assessed a \$25 service fee. This fee is not billable to your insurance.

### Responsible party

For a child's visit, the parent or guardian who accompanies the child to the appointment is responsible for payment that day. In cases of separation or divorce, both parents are responsible for any balances. For an adult visit, the patient is responsible for payment for services rendered.

### Newborns

It may take time for newborns to be added to an insurance policy. Please provide the insurance company with any information they request in a timely manner. If this information is not provided in time, coverage may be delayed and your costs may be higher.

### Copayments

Copayments are expected at the time of service.

### Account balances

If you have a deductible, coinsurance, or a service not covered by your insurance, you will receive a bill in the mail. Payment is due within 30 days. After 60 days, your account will be assessed a \$25 fee for nonpayment. After 90 days, we reserve the right to postpone treatment and also to dismiss from the practice for nonpayment. We accept cash, personal checks, Visa, MasterCard, American Express, Discover, debit cards, and Health Savings Account cards. If your bill is sent to collections, you will be

responsible for any charges related to this process. If there are financial hardships, we are happy to discuss payment plans.

**Uninsured patients**

We are happy to work with patients and families without insurance. Please request further information on our self pay rates.

**No show policy**

We strive to keep appointments available to meet the needs of our patients. Keeping appointments helps us provide complete care. When an appointment is missed, it can limit our ability to care for other patients. A no show appointment is one canceled with less than 24 hours notice. A \$50 no show fee will be charged for any missed appointment. If there are 3 no show appointments, the patient will be dismissed from the practice.

**Medical records**

You may obtain a copy of the medical record from the patient portal at no charge. If you request that Medical Center Pediatrics copy records for you, a \$25 fee will be charged. A copy of this policy may be provided to you at any time.

**Signatures** Please complete only one section below.

**A) Child patient (parent or guardian signs)**

Patient name: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**B) Adult patient (patient signs)**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_