

MEDICAL CENTER PEDIATRICS
FINANCIAL POLICY

Thank you for selecting Medical Center Pediatrics as your healthcare provider. Our personnel will be happy to discuss our fees and this policy with you at any time. Please read and sign this financial policy prior to seeing the physician. Payment for services is due at the time services are rendered. For any portion of your balance that is not covered by insurance, or for our private pay patients, we accept cash, check, VISA, MasterCard, and Discover.

1. Your insurance policy is a contract between you, your employer and the insurance carrier. We are **NOT** a party to that contract. Our relationship is with your child/children. We cannot become involved in disputes between you and your insurer regarding deductibles, co-payments, covered charges, secondary insurances, COB, pre-existing, accidental injury, and "usual and customary changes". We are, however, contracted with most managed care plans. Please present your insurance card at the front desk so we can file a claim on your behalf. We will follow their guidelines for submission of claims, co-pay amounts, and reimbursements. Any contractual provider discounts will be deducted from your balance.
2. All charges are your responsibility whether your insurance company pays or does not pay. Not all services are a covered benefit in all contracts. Some insurance companies and some employers decide what a covered benefit is and what is not. Please check your insurance plan document for any questions. Fees for these services along with unmet deductibles and co-payments are due at the time of treatment.
 3. Co-payments not paid at the time of service are subject to a \$10 processing fee. All balances more than 60 days past due are subject to a penalty of \$10 per month to cover the cost of sending additional statements.
4. If your insurance company does not pay your claim within 30 days, it is your responsibility to contact your insurer to expedite payment. If your insurance company does not pay within 60 days, you will be responsible for payment.
5. There will be a \$35 processing fee on all returned checks. Returned checks and balances older than 90 days may be subject to collection placement and collection fees which will be responsible by both parents.
6. All visits are by appointment. Please note that all cancellations for scheduled appointments must be made at least 24 hours in advance, which allows us to care for other patients in need of our services. If you fail to cancel your appointment you will be charged a \$25 service fee which will not be covered by your insurance plan.
7. Walk-ins will be charged an additional emergency fee along with the visit charge. Any amount not paid by your insurance plan will be parent's responsibility.
 8. Occasionally an insurance payment results in overpayment on your account and generally this balance remains on your account as a credit for use on a future visit. You may request a refund of overpayment by notifying our billing department.
9. We understand that temporary financial problems may affect timely payment for our services. We encourage you to communicate any such problems to our billing department, so that we can assist you in management of your account with a one-time payment plan.
10. Patient Information Forms are required by all parents to complete and are updated every 6 months regardless of no change. You will need to provide a picture ID, social security number, and your current insurance card.
11. Your signature below represents your understanding of our **Financial Policy**. Please inform all persons responsible for bring your child/children to their appointments. **Refusal to sign this form violates our policy and prevents us from rendering services.**

Again, thank you for choosing Medical Center Pediatrics. We appreciate the opportunity to serve you.

Patient/Guardian Signature: _____ **Date:** _____