

Town & Country Pediatrics, PC

Financial Policy

We would like to thank you for choosing Town & Country Pediatrics, PC as your child's doctors. As one of our patients, we would like to keep you informed of our current office and financial policies. If you have any questions, do not hesitate to ask a member of our staff.

Payments: You may choose to pay by cash, check, Visa, Mastercard, American Express or Discover.

Insurance: Insurance is a contract between you and your insurance company. We are NOT a part to this contract, in most cases. We will bill your primary insurance company as a courtesy to you. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. You agree to pay any portion of the charges not covered by insurance.

Co-payments: Any co-payments required by an insurance company must be paid at the time of service. Because this is an insurance requirement, we cannot bill you for these. A \$5.00 service fee will be charged in addition to your co-payment if the co-payment is not paid by the end of that business day.

Payment options if you have no insurance: Self-pay patients are expected to pay for services in FULL at the time of service.

Monthly Statements: If you have a balance on your account, we will send you a statement. It will show separately the balance, any new charges to the account, re-billing fee, and any payments or credits applied to your account during the month.

Re-Billing Fee: A re-billing fee of \$5.00 will be imposed on each account that is not paid by the due date.

Past due accounts: If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs and expenses of collection including, but not limited to our attorney's fees.

Returned Checks: There is a fee (currently \$15) for any checks returned by the bank.

Missed/Late Appointment Fee: Patients who do not show up on time for an appointment, or cancel with less than a 24-hour notice will be charged a \$20 fee. If you are late for an appointment, we will do our best to accommodate you. However, on certain days it may be necessary to reschedule your appointment.

Waiver of confidentiality: You understand if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

Divorce: Our billing department will not get involved in custodial, separation or financial disputes involving or related to divorced parents of a minor child. In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. The parent bringing the child in for treatment will be held responsible for the payment due at the time of service. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent. We will be happy to provide a receipt if you need to seek reimbursement from another party.

Non-covered services: Our office verifies your coverage as a courtesy but there is no guarantee until the claim is processed. It is your responsibility to understand your benefit plan with regards to, for instance, covered services and participating laboratories. For example:

- a. Not all plans cover annual physicals, sports physicals, or vision screenings. If these are not covered, you will be responsible for payment.
- b. Some insurances limit the number of allowable well visits per year and/or have a dollar maximum of benefits payable for well child services. If this benefit is exceeded, your insurance company will not pay and you will be responsible for payment.
- c. Some insurance companies consider visits for ADD or ADHD as mental health and will not cover the claim for services rendered by a medical physician. In this case, you will be responsible for payment.

Well Exam/Sick Visit: During your well exam there may be instances where your child is also sick or presents with a problem/concern. When or if this occurs, we are contractually required to report the additional service(s) to your insurer. Therefore, there may be a copay/deductible cost due for the sick portion of the visit once the claim is processed by your insurance company.

Transferring of records: You will need to request in writing, and pay a reasonable copying fee (currently \$15 for paper copies) if you want to have copies of your records sent to another doctor or organization. You authorize us to include all relevant information, including your payment history. If you are requesting your records to be transferred from another doctor or organization to us, you authorize us to receive all relevant information, including your payment history.

Co-signature: If this or another Financial Policy is signed by another person, that co-signature remains in effect until canceled in writing. If written cancellation is received, it becomes effective with any subsequent charges.

Effective date: Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

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 previously.

Print Name: _____

Signature: _____ Date: _____

Responsible Party: _____ Relationship: _____

Address (if different from patient): _____

Patient Name(s): _____

