



PEDIATRIC MOBILE CARE
Financial Policy 2025

REGISTRATION

Pediatric Mobile Care, LLC (PMC) must have complete and accurate information about you/your child to provide you with the most appropriate care. You must provide a driver's license, government ID card or other official identification at every visit in addition to your insurance card(s) if applicable.

You will be asked to review your registration to ensure accuracy of all personal information. Please read and review this information carefully. Report any changes in address, insurance, e-mail, and/or telephone number immediately.

YOUR FINANCIAL POLICY

We rely on you to promptly pay your bills. You are ultimately responsible for all fees related to you/your child's care. Any court ordered responsibility judgment is determined between the individuals involved, not in the clinic. Unless we are provided with court documents, we hold the presenting parent financially responsible for paying for the services.

PAYMENT IS DUE UPON TIME OF SERVICE. We accept cash, check, credit card (Visa, Mastercard, American Express, and Discover) or FSA/HSA debit cards. Credit Cards and Debit Cards are not kept on file. Service prices are listed on website, are introductory and subject to change. All changes will be posted on website and communicated to you/your child prior to visit.

PAYMENT OF SERVICES OF LABORATORY CENTERS, IMAGING CENTERS OR SPECIALISTS OUTSIDE OF PMC

From time-to-time laboratory tests are required to help determine the best treatment. All laboratory services provided by PMC are included in the cost of visit. If additional tests or imaging are required we'll refer you to your Primary Care Clinic.

QUESTIONS

If you have any questions regarding treatment or service fees, please discuss them with us promptly and frankly. We will make every effort to clarify information, and resolve concerns you may have. The clinic's phone number is 651-560-7437.

By signing below, I am stating that I have read and understand Pediatric Mobile Care's Financial Policy.

Patient Name: _____ **Date of Birth:** _____

Parent/Guardian Name: _____

Signature: _____ **Date:** _____