



Financial Agreement

Insurance Claims

We request that you have your insurance card with you at each visit in order to help verify information. Please be sure that your child's name and birthdate are correct on the insurance card and with the insurance company. We also advise that you call your insurance company and **request Dr. Hartman to be added as PCP**. If for any reason your child's insurance changes, you should notify the office immediately. **In addition, any time a new card is received in the mail, please notify the office so that we may obtain a copy. If your insurance company denies claims, the balance will be billed to you.**

Copayments

Per your insurance company rules, copayments are expected to be paid at the time of service. Any outstanding balances that are not on a payment plan will also be required to be paid at time of visit.

Billing Company – PedsOne

Hartman Pediatrics uses a third party for our billing team, PedsOne. There may be times when a biller from PedsOne will contact you regarding insurance claims or balances due. It is important that you respond to these calls as failure to provide any necessary information may result in a larger balance that is your responsibility. You may also contact PedsOne at 866-371-6118 if you have any questions about your bill or would like to pay over the phone. Please note that PedsOne processes payments for Hartman Pediatrics in the same manner that we would in the office; your payment is still being made to Hartman Pediatrics, NOT PedsOne.

Auto-pay policy/Personal balances due

We request that you sign up for autopay with a credit card. Autopay allows for faster check-in for appointments by allowing you to pay copays and balances due at the time of a visit without getting your card out each time. It also allows for auto-payment of your responsibility for visits after insurance processes and avoids any late fees for overdue balances. Your card will only be charged once the insurance claim process is complete. The information is stored securely, and you can remove this credit card at any time by calling the office. Balances are required to be paid within 30 days. **Outstanding balances after 30 days will have a late fee added monthly in the amount of \$20.** If you would like to set up a payment plan, please contact PedsOne at the number listed above. If your bill is sent to collections for non-payment you will be responsible for all charges incurred in this process which will include a collection agency fee of 50% of the outstanding balance. Any accounts sent to collections will also be dismissed from the practice and be asked to transfer care to another doctor's office.

No-Show Fee

Missed appointments deprive other patients the opportunity to have a visit when they are ill. Missing appointments without notifying the office prior to the visit will result in a **no-show fee of \$40**. After 3 no-shows per family (not per patient), you will be asked to transfer care to another office.

My signature below indicates that I have read the above and agree to the financial policies set forth by Hartman Pediatrics, LLC. A copy of this policy may be found on our website and may be provided to you at any time. In addition, I acknowledge that I have been given a copy of the HIPPA privacy policy to review.

Patient(s) name: _____

Parent/legal guardian name: _____

Signature: _____ **Date:** _____