

FINANCIAL POLICY FOR POOLE PEDIATRICS, P.A.

Payment is due at the time of service. As the patient or the patient's guarantor you are responsible for finding out the status of any insurance claims our office may have filed for you. All charges associated with your office visit or any other procedure performed on your child is your responsibility. You, the insured are responsible to know what is covered and not covered by your insurance company. We will file your claim twice with the insurance you provide to us at the time of your visit. We will then look to you for payment on any unpaid claims. If you fail to make us aware of any changes to your insurance carrier at the time of your visit, the responsibility for payment for your office visit and subsequent reimbursement from your new insurance carrier will be yours. If there is more than one child in our practice and there is an insurance change, you are responsible for making us aware of the changes for each child specifically.

It is your responsibility to determine if our providers are on your specific HMO, PPO, EPO, or POS plan. If we are providers for your health insurance plan and have a copy of your insurance card, we will file your claim. If your insurance is an HMO, EPO, or POS plan and we are not the primary physician listed on your card, we may need to reschedule your appointment until you change the primary care physician with your insurance company, since benefits will not be paid until this is taken care of. You may choose to pay for the office visit and seek reimbursement from your insurance plan on your own.

Our office does not charge interest on delinquent accounts. We do encourage prompt payments in order that we do not have to do so in the future. If payment is not received in a timely manner, your account will be turned over to a collection agency. A returned check fee of \$30 will be charged for any checks that are returned unpaid.

In a divorce situation, the parent who brings the dependent child to our office is responsible for payment at the time of service. Insurance may be filed, but the parent in attendance will be responsible for any copay, deductible or outstanding balances.

If a parent or guardian has a complaint regarding billed charges for health care services or supplies, they should contact our office. We will do everything we can to resolve the issue in a fair manner.

Office Fees:

We do ask that you give at least 24-hour notice if you must cancel or reschedule an appointment. There will be a \$50 charge for less than a 24-hour notice or if there is a no show to an appointment.

There is a fee for copying medical records will be charged based on the size of the patient's chart. This is regardless of what the copies are for. Please allow our office at least two weeks for this request.

ADD/ADHD Prescriptions: There is no charge for the monthly refill prescription to be written, however, if a prescription is lost or not filled within the allowed twenty-one days, there will be a fee of \$25.00 to rewrite the prescription.

My signature below indicates that I have read, understand, and agree to the above Financial Policy.

Responsible Party Signature

Responsible Party Printed

Relationship

Child's Name-Printed _____

Child's Name-Printed _____

Child's Name-Printed _____

Date _____