

Financial Policy and Assignment of Benefits

At Bee Well Pediatrics, we are dedicated to providing comprehensive pediatric care. This document outlines our financial policies and your obligations as a patient or guardian regarding financial and insurance matters.

Payment Responsibility: Patients or their guardians are responsible for payments due at the time of service. This includes services not covered by insurance as well as applicable co-pays and deductibles. Payment plans may be arranged in advance with our billing department.

Insurance: A current insurance card must be presented at each visit. It is the patient's responsibility to immediately inform our office of any insurance coverage changes. We provide the courtesy of billing your insurance; however, knowing your insurance benefits and ensuring all services are covered remains your responsibility.

HMO Insurance Plans: For patients with HMO insurance plans, it is crucial to ensure that Bee Well Pediatrics or a specific Bee Well Pediatrics provider is designated as your child's primary care provider (PCP) on file with your insurance plan before services are rendered. You are required to call your insurance company to make this designation. It is your responsibility to ensure that any necessary authorizations for treatment outside of our office are obtained before such visits occur.

Assignment of Benefits: By signing this document, you authorize Bee Well Pediatrics to bill your insurance company directly for services provided. You also authorize your insurance company to pay Bee Well Pediatrics directly. This assignment will remain effective until revoked by you in writing.

Co-Pays and Deductibles: Co-pays and deductibles are due at the time of service. Payment must be made before any consultation, treatment, or procedure begins.

Non-Covered Services: You are responsible for the payment of services not covered by your insurance. Payment for these services is expected at the time of the visit unless prior arrangements have been made.

Billing and Statements: If there is a balance due after your insurance has issued a payment or denial, we will send you a statement. It is your responsibility to settle your account within 30 days of receiving the statement.

Missed Appointments: A 24-hour notice is required to cancel an appointment. Missed appointments without proper notice will incur a nominal fee, which cannot be billed to insurance.

Collections and Legal Action: Delinquent accounts may be forwarded to a collection agency if not settled within 90 days. Any legal fees, collection charges, and other costs associated with collecting unpaid balances will be your responsibility.

Financial Policy Agreement

I acknowledge that I have read, understood, and agree to comply with the terms of the Financial Policy and Assignment of Benefits at Bee Well Pediatrics. I accept responsibility for any payments required according to this policy.

Parent or Guardian Name:

Relationship to Patient:

Signature:

Date

Authorization To Release Information and Assignment of Benefits

I hereby authorize Bee Well Pediatrics to release any information required to obtain authorizations or process a claim for services rendered to my insurance company. I hereby authorize that payment of benefits by my insurance company be made directly to Bee Well Pediatrics.

Parent or Guardian Name:

Relationship to Patient:

Signature:

Date
