CRESTWOOD PEDIATRIC ASSOCIATES

A Division of Trusted Doctors

10623 Crestwood DR, Manassas, VA 20109
Ph: 703-361-7131 Fax:703-330-2065

14535 John Marshall Hwy, #201, Gainesville, VA 20155
Ph: 703-753-6184 Fax: 703-753-2988

ACCOUNT#:_____

OFFICE & INSURANCE POLICIES AND CONSENT AGREEMENT

We schedule same day sick appointments and our phone lines open at 8:15AM. If you call for a sick appointment in the morning, we normally can see your child that day. Well appointments can be scheduled up to three months in advance. Please call our office 24 hours in advance if you will not be able to keep an appointment, so that we may schedule another child in that time slot. **We have a $50 Missed Appointment/Same Day Cancellation Fee.** In order to keep other children's wait time to a minimum, patients arriving more than 5 minutes late may be required to reschedule the appointment.

As a courtesy, we participate with many insurance plans and accept their schedule of benefits. **However, we do require payment at the time of service if we cannot verify your child's insurance.** If your policy requires you to choose a physician, one of our doctors must be the primary care physician at the time of the appointment. New insurance information must be presented at check-in. We allow 30 days from birth for newborn coverage to take effect; after that time, you become responsible for payment.

Since medical insurance is a contract between the patient and the insurance company, we expect insured patients to be familiar with their policy, its benefits, limitations, and referral requirements. If insurance payment is not received within 45 days of submission of the claim, the balance becomes your responsibility. It is your responsibility to make sure your insurance company pays on time. Non-emergency referrals require 48 hours to complete. Referral forms (if required by your policy) must be picked up in our office prior to your appointment with the specialist. They will not be faxed or mailed.

I understand that, in most cases, my insurance is designed to reduce my cost, not eliminate it. I also understand that there may be charges for services not covered by my insurance for which I am responsible. One such cost is the fee for after hours, charged for appointments scheduled on Saturdays and Federal Holidays. I will always be responsible for my co-pay, co-insurance, or deductible at the time of service. Payment of any balance is due upon receipt of my statement. I am financially responsible for all charges not covered by this assignment and all charges if complete and accurate insurance information is not provided by me. If I have questions about a denial or amount paid, initial questions will be directed to my insurance company. Please notify our billing department if a claim is going to be reprocessed.

I understand that in the event this account is referred to a collection agency, I agree to reimburse Crestwood Pediatric the fees of any collection agency, which may be based on a percentage at the maximum of 28% of the debt, and all costs and expenses, including reasonable attorney's fees, we incur in such collection efforts.

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Initial **Date**

Revised 6/14/23