



Eureka PEDIATRICS

FINANCIAL POLICY

Patient's Name: _____

DOB: _____

Basic Policy:

Thank you for choosing Eureka Pediatrics as the health care provider for your child. We are committed to providing the best quality care to each of our patients. Please understand that the payment of your bill is considered a part of your responsibility. The following is our financial policy to help you understand your obligation which we **require** you to read and sign. Payment for services are due in full at the time of service. We do bill most insurance carriers for you if the proper paperwork/insurance card is provided to us. We will also bill most secondary insurance carriers as well. Copays are a part of **YOUR** contract with your insurance company and by law are due **AT THE TIME OF SERVICE**. Insurance companies **DO** perform random audits and if a breach of contract is found it may result in a loss of your coverage. Since your agreement with your insurance carrier is a private one, we do not routinely research why an insurance carrier has not paid or why it paid less than anticipated for the care given. If an insurance carrier has not paid within 60 days of billing, professional fees are due and payable in full from you. **It is your responsibility to keep our office informed of any address, phone number or insurance changes as we can only work with the information provided to us.**

Bankruptcy

If at anytime the responsible party files for bankruptcy while being a current patient of Eureka Pediatrics the patient will be discharged from our office.

Separation/Divorce Policy:

Eureka Pediatrics is not a party to any separation or child support agreement or divorce decree. The parent accompanying the child is responsible for paying the copay or any charges pre-determined not covered by insurance **AT THE TIME OF SERVICE**. Balances for services denied by insurance are due in full thirty days after the date of the first monthly statement regardless of the terms of the separation or child support agreement or divorce decree.

Yearly Health Checks:

Periodic preventative health checks may or may not be covered under your health insurance policy; however, they are encouraged, and it is your responsibility to know what your insurance policy does or does not cover. Vaccines, lab test and other procedures may also not be covered by your insurance carrier. It is your responsibility to know this by educating yourself before any visits what your insurance policy pays and does not.

Assignment of Insurance Benefits:

All patients please read and sign below. I hereby assign all medical/or surgical benefits, to include major medical benefits to which I am entitled, private insurance and any other health plans to Eureka Pediatrics. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand I am financially responsible for all charges whether paid by the insurance carrier or not. I hereby authorize Eureka Pediatrics to release all information necessary to secure the payment.

I also understand and agree to the terms of the above financial agreement. **If at any time Eureka Pediatrics turns over my account to a collection service due to default of payment, I will be responsible to pay for all legal and collection fees plus a 30% collection fee.**

I, the parent of _____ have read the financial policy and I understand and agree
Patient's Name

to these terms, and assignment of benefits from my insurance company to Eureka Pediatrics.

Signature of Responsible Party

Date: _____