

Financial/Insurance Policy & Waiver

Insurance Claims: For your convenience, Arkus-Politis Pediatrics, LLC will submit claims to participating primary and secondary insurance companies and assign benefits payable for physician services to Regina Politis, M.D. **If your insurance company has not paid your claim within 60 days, the entire balance may become your full responsibility and you will need to communicate with your insurance company to provide them with any required information.** Please remember that your insurance coverage is a contract between you and your insurance company and that Arkus-Politis Pediatrics, LLC is not party to your insurance contract.

Patient's Financial Responsibility: At the time of service, you, the insured, are responsible for paying any co-payments, as well as services not covered under your insurance policy. We reserve the right to charge a \$5.00 service fee in addition to your co-payment if the co-payment is not paid at the time of service. Furthermore, you are responsible for payment on any claim that is: (1) denied; (2) unpaid due to deductible; (3) partially paid; and/or (4) coinsurance. If your claim is involved in litigation and/or is being disputed among insurers, you are still financially responsible.

Delinquent Accounts: Failure to pay your balance/s due to Arkus-Politis Pediatrics, LLC. Within 180 days of your first statement may precipitate us to refer delinquent accounts to an outside third party collection agency. Referring your delinquent account may affect your credit rating. In addition, once an account is sent to collection, we will no longer continue a professional relationship with your family.

Covered Medical Procedure: This is a medical procedure that is the financial responsibility of the insurance company. It is the patient's responsibility to know which medical procedure(s) their insurance plan covers. Upon request, we will (if available) supply you with CPT codes (a number assigned to identify each medical procedure) and the ICD-10 codes (a number assigned to identify a working diagnosis). If you have any questions about your service coverage or insurance plan, we encourage you to contact your insurance company directly.

Non-Covered Medical Procedure: This is a medical procedure that an insurance company decides not to cover. We encourage patients to contact their insurance company prior to the service in order to become familiar with the financial responsibility associated with having the services performed. Payment is the patient's responsibility and is due in full should your particular insurance plan not cover the service rendered.

Other Fees Not Covered By Insurance: As a patient, or parent/legal guardian thereof, you have the right to have access to your medical records. Should you request and sign a release for a copy of your child/children's medical records for your personal use, you will be charged \$1.00 per page. This fee is not payable by your insurance plan.

****Please bring your insurance card with you each time you visit and notify our staff of any changes in your coverage. Patient accounts are to be paid at the time of service. We will ask for your payment on all outstanding balances prior to your visit with your health care provider. Arkus-Politis Pediatrics LLC. accepts cash and all credit/debit and HSA card payments. Financial problems should not be a deterrent to obtaining medical care. If you require special arrangements please feel free to contact our office manager prior to your appointment for private consultation.**

Patient's Without Insurance: As a courtesy for patients who do not have health insurance coverage, Arkus-Politis Pediatrics, LLC. has created a discounted self-pay fee schedule. Patients who have no insurance, or receive services not covered by their insurance are expected to pay for services at the time of service and will receive a discount from our normal fee schedule. If you are interested in knowing an estimate of our fees for services rendered, please contact one of our staff members.

Referral Policy: While we make every attempt to insure this facility/physician is in-network with your insurance company, it is ultimately your responsibility to make sure this is the correct facility with your plan. Please be sure to check your benefit book or call your insurance company representative before going to any specialist/facility for your treatment. **Should you require referrals with your insurance, our office requires a minimum of two days to complete your request.** Violations of this policy will delay timely completion of your request. Arkus-Politis Pediatrics, LLC. will not be financially responsible, under any circumstances, should you go to an out-of-network facility or are seen at any specialists' office without your child/childrens' referral.

Billing Questions: Arkus-Politis Pediatrics, LLC. has contracted with NextGen for billing and collection services as an extension of our office. When you receive a statement from Arkus-Politis Pediatrics, LLC. And have questions about your account, you can call the toll free number listed on your statement, which will direct you to the staff at NextGen. They will be happy to answer your questions or concerns.

Patient Authorization and Acknowledgement

I hereby acknowledge that I have voluntarily sought medical assistance from Regina Politis, M.D. and/or Sushma Kaki, M.D.. I authorize Arkus-Politis Pediatrics, LLC. To disclose any part of the medical record, to any person or cooperation when required for the collection of benefits or payment for charges. I further authorize the release of medical information to other physicians, hospitals, or other healthcare providers involved in treating my child/children. I agree to make prompt payment when billed, for all charges not covered by valid insurance benefits and that this obligation extends to the patient's heir, executors and estate.

I understand, acknowledge and agree that I am responsible for complying with the financial terms as stated above. I further understand that I am responsible for complying with any requirements that my insurance company has, and must ensure that I provide the correct, up to date insurance information, with Regina Politis, M.D. and Sushma Kaki, M.D. selected as my child/childrens' primary care physician, if required by my insurance policy, for all dates of service.

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE FINANCIAL/INSURANCE POLICY, AUTHORIZATION & ACKNOWLEDGEMENT AND/OR IT HAS BEEN FULLY EXPLAINED TO ME, AND I CERTIFY THAT I UNDERSTAND ITS CONTENTS & THAT I AM COMPETENT TO EXECUTE IT OR THAT I AM AUTHORIZED TO EXECUTE IT ON THE PATIENT'S BEHALF.

Print Patient's Name: _____ Date: _____

Signature: _____ Witness Signature: _____
(If Legal Representative, provide relationship to Patient)

The providers and staff at Arkus-Politis Pediatrics, LLC. are committed to excellence in customer service and quality care of our patients. Feel free to contact our office for questions or concerns regarding your financial health insurance issues.

Thank you for choosing us as your health care provider.