

ALL ABOUT KIDS PEDIATRICS

Dr. Jill Overcash and Dr. Claire Wilkiemeyer

BILLING AND FINANCIAL POLICY:

As a patient, you will receive comprehensive health care. Our fees will be related both to the amount of time a doctor spends with you and to the level of skill required to provide each particular type of service. We ask you to be prepared to pay for each office visit at the time of visit with cash, check or credit card. A schedule of services and the fees charged for each visit is available. When situations arise in which a fee cannot be paid at time of service, arrangements must be discussed with the office manager prior to your visit. Please understand that you are responsible for paying your bill on time regardless of the status of an insurance claim. All fees over **90** days past due will be subject to collection procedures and you may lose your eligibility to receive medical services from us. If circumstances beyond your control prevent you from being prompt in paying a bill, please contact the office as soon as possible so that a mutually acceptable plan of payment can be arranged. Our office will be happy to file your charges for services rendered to your insurance company. If you are a participating member of a managed care plan, we will expect you to pay your co-pay and/or any other fees that are not covered at the time of your visit. If your insurance is one that we **DO NOT** participate with, you will be asked to pay in full for your visit upon check-in/check-out. **IF** your insurance pays us directly, we will reimburse you promptly for any overpayment that has been made. Failure to pay your co-pay at the time of service will result in a billing fee of **\$25.00**. Please remember that we are contractually obligated by your insurance company to collect your co-pay at the time of service. The balance of your charges will be billed. Payment in full of patient portion will be expected with receipt of your statement. Proof of current, valid insurance must be provided at time of service. If you do not provide this information, you will be considered a self-pay patient. Self-pay patients are required to make an advance payment on their office visit charge. Failure to pay your advance payment at time of service will result in a billing fee of **\$25.00**. You will be billed for the balance of your charges. Past due amounts are subject to our collection process.

MEDICAL INSURANCE POLICY:

We participate with many different medical insurance companies. In addition, each of these companies offers many different types of plans. We make every attempt to accurately collect co-pays and deductibles. Understanding the health insurance benefit is the parent's responsibility. Any patient who is seen and fails to notify our office of any changes in their insurance that in turn deems our services as non-covered will be billed directly for their charges. Any questions concerning your coverage should be directed to your insurance company. Your **insurance policy is a contract between you and your insurance company**, therefore, **your balance is your responsibility**. Should there be a dispute with your insurance company, our billing company will attempt to resolve it for you. During this time, the balance may be transferred to your responsibility.

CHECK POLICY:

We are happy to accept your personal check for payment towards your account balance. However, if funds are not available in your account and your check is returned to us for any reason, such as NSF, you will be assessed a \$25 service fee plus the cost of the original check. If you present two checks that are insufficient, then we will no longer accept payment by check on your account. All funds must then be paid by cash or credit card.

NO SHOW POLICY:

Any time that you miss an appointment to see a provider without giving a 24 hour notice, you will be assessed a **\$40 Fee for a well child check visit and a \$25 fee for a sick visit**. This will be your responsibility to pay and will not be billed to your insurance company. This fee must be paid prior to your next visit. Extenuating circumstances should be discussed with our business office. We reserve the right to reschedule your appointment if check-in time is 20 minutes later than appointment time.

TRANSFER OF MEDICAL RECORDS POLICY:

Requests for transfer of medical records will incur an administrative fee of \$15 per child up to 2 and \$35 for 3 or more children. An immunization record can be provided at no charge for active patients.

I have read and fully understand all of the above policies.

Signed by Parent/or Legal Guardian

Date