Primary Care Pediatrics & Family Medicine

# Financial Policy-2018

It is our goal to provide cost-effective, compassionate, pediatrics and adult care for your family. Primary Care Pediatrics and Family Medicine, P.C. participates with most insurance plans. Each insurance policy is different and it is therefore impossible for us to know what your particular benefits may be. Therefore, it's important to contact your insurance company if you have any questions regarding your benefits and for you to know what your payment obligations due at the time of service. As a courtesy, we will file your insurance for you. We will need a current copy of your insurance card in order to process your claims. Without your card, you will be responsible for full payment at the time of service.

## ___ Copayments and Deductibles

All co-payments, co-insurance and deductible amounts are due and payable at time of service regardless of who brings the patients for appointment. Payment may be made in cash, by check or by Credit/Debit card. We also accept Health Savings Account (HSA) cards for payment. We will also defer well-child care until all balances are paid in full.

## ___ Returned Check

There is a $35 charge for returned checks. After receiving returned check, Primary Care Pediatrics and Family Medicine, P.C. will only accept cash or credit/debit card payments from you.

## ___ Patients Without Insurance Coverage

We are happy to work with families that prefer to pay directly for services or do not have insurance. Self-pay patients will receive a 25% discount if the full balance is paid at the time of service. This discount does not apply after the day of the visit. Self-pay patients must pay $80 upon check-in and the remaining balance at check-out. If your visit is less than $100, we will refund the difference.

## ___Unpaid Balance

Unpaid balances over 60 days old, without payment arrangements, will be sent to collections and we will not be able to continue to care for patient. You will also be responsible for any additional amounts incurred as a result of collecting past-due balances.

You are also responsible for understanding what is included in your insurance policy. If your insurance requires a prior authorization, you must obtain it before being seen in our office or you will be responsible for any charges incurred.

**You are responsible for all balances not covered by your insurance**.

If we have not contracted with your insurance carrier, you must pay the balance in full. We will provide documentation for you to submit to your insurance carrier for reimbursement.

## ___ Letters and Forms

As a courtesy to our patient, we fill out sport physical/ medication forms and blue card free of charge at the time of service. You can also go to secure patient portal and access your forms from convenience of home and print as needed.

However, if not brought during office visit, we charge following:

Sports physical forms-$25.00;
Medicine forms-$5.00 per form
Blue cards-$5.00;
Change referral-$25.00;
Letter requested by patients to agencies- $5.00 per page;
FMLA and Disability forms- $25.00;

**Please allow 3-5 business days to allow completion of any forms or letter submitted for our doctors to review.**

## ___ Medical Record Release Fees

Requests for copies of medical records must be made in writing to the clinic. Records will be made available upon request. As a courtesy to our patient, we are happy to fax medical record to provider of your choice free of cost. If you need the copy of medical record you can go to secure patient portal and print it for your record. However, if you need copy from us, you will be charged the reasonable costs of reproducing the record as provided by applicable law. I have read and understood the above policy and agree to it.

Signature (Legal Guardian) _____ Date ___/___/_____

Printed Name_____

Relationship to Patient _____

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