



FINANCIAL POLICY

Our main focus is to provide first class medical care to our patients. In order to do this, we must receive prompt payment. A financial policy has been developed for the following reasons:

1. To meet financial obligations of the practice
2. To follow terms set forth in insurance contracts
3. To help families understand their financial responsibilities for the services provided by us

INSURANCE CARDS: Please bring your child's **current** insurance card with you to each visit. This helps ensure that the proper information is processed, and the appropriate insurance is billed for that day's visit. If your insurance changes, it is your responsibility to update information as necessary.

CO-PAYS: If your insurance requires a co-pay, it must be paid at each visit. The co-pay must be paid by the person who brings the child in for the visit, via phone prior to the visit, or via **easy pay agreement** (strongly encouraged). A \$15 late fee will be added to any co pay that is not paid on the day of service.

DEDUCTIBLES: If your insurance plan has a "deductible", **this amount is your financial responsibility**. We are able to verify the majority of deductible amounts on the date of service and expect payment for this amount **on the date of service**. **A minimum of \$75 will be collected on the day of service.**

PAYMENT TERMS:

1. Payment of co-pays **AND** outstanding balance is required at each visit.
2. Outstanding balances must be paid within 30 days
3. To any balance over 30 days that has been determined to be your responsibility, a **rebill fee of \$25** will be applied
4. **Easy-Pay:** We offer a convenient option to keep a credit card on file (info stored securely, offsite, we will not have your number). Please refer to our accompanying easy pay agreement. We strongly encourage our patients to take advantage of this option.
5. Payment plans can be set up to avoid collection accounts. Contact us for details. However, failure to adhere to the plan will result in being sent to collections and dismissed from the practice.

RETURNED CHECK FEE: There will be a \$35 fee for a returned check. In addition, all future payments will need to be made with either cash or credit card.

NEWBORNS: Insurance companies generally allow only *30 days* to add your newborn to your insurance plan. Please call ASAP to get this done. Once you receive your child's card, please provide us with a copy. If you fail to add the baby to the plan, you will be financially responsible for any visits.

DIVORCE SITUATIONS: Since we are not a party to your divorce, we cannot be involved in the financial arrangements determined by your divorce decree. The parent who brings the child to the office is responsible for payment due **AT THE TIME OF SERVICE**. We ask that you provide us a copy of the custody agreement. This protects us, you, and your child in terms of HIPPA compliance. If your child has a legal change of name, we must have a copy of the legal document.

TRANSFERRING RECORDS: You are entitled, by AL law, to one free copy of your child's medical records. Any additional copies will be assessed a fee of \$1.00 per page. A legal guardian must sign the record release. By law, our office has 30 days to copy the record. We may require that you pick up the record, as they often get "lost" when sent to other practices. If you are unable to pick them up, we do reserve the right to charge a \$5.00 processing fee.



WAIVER OF NON-COVERED SERVICES: All insurance plans are different. Some plans do not cover standard of care screenings such as vision, hearing, objective developmental screenings, etc. When this occurs, the charges may become patient financial responsibility.

LETTERS AND FORMS: There is a charge for all forms not requested at a regular well child check. The charges are as follows:

1. Sports form/Camp form: \$10.00
2. School form: \$10.00
3. Same day sports or school form: \$25.00
4. FMLA forms: \$50.00

ONE school/sports/immunization form will be provided per year, given at the well child visit, at no charge. The school and sports form will be saved to your child's 'patient portal. We will not send or fax these to the school, nor will we send immunization records. Since all are available in the patient portal, you can forward them to the school at your convenience.

No well child exams will be done with an outstanding balance on the account.

SICK COMPLAINTS DURING WELL VISITS: Insurance companies require us to file all services offered at a visit. Well child care and sick child care are separate codes for the insurance. We may complete visits at the same time for your convenience, but at times this may result in a co-pay at your well visit just as it would if the sick visit were being completed without a well child visit occurring at the same time.

I have read and agree to the terms of this financial policy. I will be provided a copy for my records, shall I so desire.

Name-printed: _____ Date: _____

Signature: _____

Names of children: _____
