**PAVILION PEDIATRIC CENTER, L.L.C**

***Financial Policy***

Thank you for choosing us as your health care provider. Pavilion Pediatric Center, LLC, as a courtesy, will make every attempt to contact your insurance company before your appointment to determine if you have active insurance coverage. Verification of active benefit coverage is not a guarantee of payment. It is your responsibility to contact your insurance company to update information, find out your deductible and any co-pays that may apply. Please help us by reviewing and signing the following financial policy.

**Full payment is required at the time of service:**

- Co-payments for participating insurances. (Our contract with your insurance company states that we will collect a co-pay every time a patient is seen in our office.)
- Non-covered services.
- Self-Pay Visits.
- Outstanding balances due to deductibles.
- We accept cash, checks and credit cards including Visa and MasterCard.

**Patients under the age of 18:**

Any patient under the age of 18 must be accompanied by a parent or guardian who will be responsible for payment at the time of service. This office is not bound by any divorce decree or other family relationship contracts.

**Private insurance:**

Your insurance policy is a contract between you and your carrier; we are not a party to that contract. Your bill, with the physician, is your responsibility regardless of insurance payment. It is the responsibility of the patient to provide this office with current information. This office will file most claims, as a courtesy to our patients, and you will be responsible for any deductible or other non-covered amounts according to your insurance policy. If no Secondary Insurance information is provided, you attest that you have no other insurance other than the listed, Primary Insurance. If your insurance payment is not received within 60 (sixty) days, you are automatically responsible for the balance.

**Disclaimer:** Verification of benefit coverage for any services is not a guarantee of payment. Prior-Authorizations for patient care may be required by your insurance carrier. It is the responsibility of the patient to get any required authorizations. Please note that if your insurance carrier does not pay for services you are still responsible for payment. We follow The American Academy of Pediatrics schedule of visits for routine well child care. The schedule may not be the same as the one your insurance company follows. Additional services such as Vision and Hearing Screens are separate charges from the wellness exam and may not be covered by insurance. ***Accounts are due and payable after you receive one (1) billing statement. If payment is not received after first statement, your account may incur a late fee of $25.00 per month. If payment is not received after 3 billing statements your account will be turned over to collections.*

**Medicaid / Managed Health Services:**

You are required, at the time of each visit, to have active Medicaid coverage and be assigned to our physician(s) as your Primary Care Provider. There may be occasions when you will be asked to sign a waiver for any non-covered services due to eligibility under these plans. All non-covered services due to eligibility will become patient responsibility.

**Professional Courtesy:**

In accordance with Federal Laws, this office will be unable to provide "Professional Courtesy."

**Collection / Bankruptcy:**

If your account becomes delinquent, and sent to any outside agency or attorney for collection, you will be responsible for all costs, including, not limited to, agency fees, attorney fees, court costs and any other related expenses. This practice reserves the right to discontinue the physician/patient relationship once any account is sent to collections.

**Returned Checks:**

A fee of $30.00 may be charged for each check returned to us. In addition, all future payments may be required as cash or Debit/Credit.

**After Hours Nurse Triage Care:**

This is available for urgent care only. If you are calling with a non-urgent problem, you may incur a fee of $20.00 for that service. The after-hours line cannot authorize any kind of medication refills, please call our office during business hours for any medication requests.

Considerable care has been taken in setting our fees. We want to assure you that our charges accurately reflect the complexity of care rendered, as well as the skill and expertise required for your care. We assure you that our fees reflect what is usual and customary for our geographical area. You will be responsible for payment in full.

***I have read and understand my financial responsibilities under this policy.***

Name: _____ Date: _____

Signature: _____ Relationship: _____

Patient Name(s): _____

Witness: _____ Date: _____