



FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to provide your child the best treatment possible. The following is a statement of our Financial Policy, which we require you to read before being seen.

FULL PAYMENT IS DUE AT THE TIME OF SERVICE.

CO-PAYS ARE DUE AT THE TIME OF SERVICE. A \$10.00 BILLING FEE MAY BE ADDED IF NOT PAID AT THE TIME OF SERVICE. Collection as well as payment of co-pays is part of the contractual agreement both parties agree to when joining an **HMO** or managed care plan.

We are happy to bill your insurance company for services rendered with the understanding **IF YOUR INSURANCE COMPANY DOESN'T PAY, YOU ARE RESPONSIBLE FOR THE CHARGES.**

WE ACCEPT CASH, CHECK, MASTERCARD, VISA, DISCOVER and PAYPAL.

RETURNED CHECKS: There is a \$25 administrative fee for all returned checks. Should your account be forwarded to a collection agency, a \$40 administrative fee will be added, and, in most cases, we will dismiss your children from our practice.

It is your responsibility to provide our office with correct and timely information about your insurance, address and telephone changes, place of employment and other pertinent information regarding your ability to meet financial obligations to this office.

To divorced parents:

It is our office policy that all correspondence, medical and financial, is sent to one address, usually where the child resides. It is up to the parents to decide how best to communicate between households, information and concerns regarding your children. Fees for office visits are due at the time of service. We will not bill separate households for payment. Parents should work out the arrangements between themselves.

REGARDLESS of what your divorce decree states, we are not part of that settlement. This is the only way we can provide good medical care for your children.

Thank you for understanding our financial Policy. Please let us know if you have any questions or concerns.

THANK-YOU