

## Island Pediatrics FINANCIAL POLICY



We are committed to providing you with the best possible care and are available to discuss our professional fees with you at any time. Your understanding of our FINANCIAL POLICY is important to our professional relationship. Please read this policy and initial each item to note your acceptance.

\_\_\_\_\_ REGARDING INSURANCE

As a courtesy, we will bill your insurance company. You are responsible for providing us with complete insurance information. It is also your responsibility to be familiar with the terms of your policy. Insurance is a contract between you and your insurance company. We will not become involved in disputes between you and your insurance company. You are responsible for the timely payment of your account.

\_\_\_\_\_ FULL PAYMENT IS DUE AT THE TIME OF SERVICE

Co-payments are collected prior to your visit and any co-insurance will be calculated and paid upon check out.

\_\_\_\_\_ WE ACCEPT CASH, CHECKS, VISA, MASTERCARD, AND DEBIT CARDS

Checks returned for nonpayment will incur a minimum \$ 25 fee. We cannot hold checks

\_\_\_\_\_ BILLING POLICY

Billing statements are mailed to the child's primary residence. If you have an emergency or a problem paying, call our billing department to discuss payment arrangements. There is a late payment fee of \$30 if you miss the payment date on your statement. We reserve the right to charge interest on unpaid balances.

\_\_\_\_\_ FINANCIAL RESPONSIBILITY

Whoever brings the child to the appointment is responsible for payment at the time of service. We do not get involved in divorce settlement/financial responsibility.

\_\_\_\_\_ MINORS WHO ARE SEEN IN OUR OFFICE

An adult must accompany all minors. If your child has a driver's license and you desire them to come to a sick appointment alone, please call ahead for approval. Payment is still due at time of service.

\_\_\_\_\_ MISSED APPOINTMENTS

A "no show" fee of \$25 will be assessed for all missed appointments and appointments cancelled less than 24 hours in advance. We attempt to remind parents of appointments the day before, but if we cannot contact you, this does not relieve you of your responsibility to keep your appointment.

\_\_\_\_\_ COLLECTION COSTS

If you fail to make prompt and timely payments on your account, your account may be sent to a collection agency. You will be responsible for any balance and any collection costs up to 50 % of the remaining balance. If it is necessary to send your account to collections, your child and any siblings will be automatically be discharged from the practice.

I have read all of the above information and agree to the terms stated. \_\_\_\_\_ Date \_\_\_\_\_

I have received a copy of Island Pediatrics Privacy Policy notification. \_\_\_\_\_ Date \_\_\_\_\_

List all children's names:

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