



## **Financial Policy**

Welcome and thank you for choosing Pediatric Healthcare Unlimited. We appreciate the opportunity to provide your child with the highest quality healthcare possible. We are committed to your treatment being successful and appreciate your understanding in regards to our practice financial policy.

Please review and sign the acknowledgement of receipt of the financial policy in the space provided at the end of this document.

You will be asked to bring your current insurance card(s) to every visit so that we can correctly submit claims to your insurance company. We will bill all your services in a timely manner to your insurance company. If your physician is a contracted provider with the insurance, we are obligated to bill your insurance for the services we provide and accept the negotiated rates as set forth by the insurance plan for covered services minus any co-pays, deductibles, coinsurances or non covered services deemed to be patient responsibility.

If your physician is not a participating provider or if a different primary care provider, outside of our practice, is listed for your child, the claim(s) may be denied and you may be responsible for 100% of the charges. We recommend that you make sure that our physician is a contracted provider and is listed as the PCP with your insurance plan, if such is required **prior** to the date of service.

You are asked to pay your required copay at the time of service prior to seeing the doctor for your visit. If someone other than a parent is bringing the child in, please make payment arrangement with our office prior to the child being seen by the physician.

Forms of payment are as follows: cash, personal checks, Visa, Mastercard, Discover and American Express. A \$25.00 fee will be assessed for any returned checks from the bank.

Our office charge to complete a physical form is \$10.00. This charge is to be paid by you and cannot be billed to your insurance. There is no charge if the form is completed at the time of the preventative visit.

Other detailed forms such as FMLA papers or disability forms will be \$25.00 due at the time that you pick up the completed form from our office.

Pediatric Healthcare Unlimited would like to provide you with outstanding services however this requires your cooperation. If you fail to keep an appointment you are considered a "No Show". You will be responsible for the \$25.00 No Show fee that will be billed directly to you.

If your child's account becomes delinquent after 90 days it will be assigned to a collection agency. You will be responsible for the Fee of \$15.00 assessed by the collection agency.

**I have read and understand the financial policy and agree to comply.**

Patient Name \_\_\_\_\_

DOB \_\_\_\_\_

Patient/Responsible Party \_\_\_\_\_

Date \_\_\_\_\_