

Child's Name \_\_\_\_\_

Chart # \_\_\_\_\_

## Financial Policy

We are pleased you have chosen our practice for your children. Please take a moment to read our financial and billing policy. We will be happy to answer any questions that you may have about this information.

If you do not have insurance, payment is due at the time of the service unless previous arrangements have been made with the business department. For your convenience, we accept cash, checks, MasterCard, Visa and Discover. A \$20.00 service fee is added for a returned check.

If you have insurance, please provide the staff with the **most current** insurance card and we will file your primary and secondary insurance. Co-pays required by your insurance are your contractual obligation and will be collected up front or you may be asked to reschedule your appointment. In most cases we will accept insurance assignment so that your insurance company will pay us directly. The main exception is Tricare. We do not accept assignment for Tricare claims. The check will go to you and you must bring in your checks with the EOB's or write us a personal check. Your personal check must be accompanied by the EOB's. **Your insurance is a contract between you and your insurance company. You will be responsible for your account being paid in full either by you or the insurance company.** If your insurance does not make payment within 90 days or denies payment, you will be required to pay in full.

If you need to make monthly payments, a minimum of 10% of the balance is required each month. A finance charge of 1 ½% per month is added to all overdue accounts. We do use a collection agency. If your account is sent to collections, your family's care at our practice will be terminated. We realize that temporary financial problems may affect timely payment. Please contact the accounting department with any special circumstances.

In case of divorce, separation, or split families, the parent signing the financial policy will be held responsible for payment. Any legal agreement or other disagreement between parties must be dealt with by those parties. We will not be involved in such matters unless you have a legal document that you can provide us to show who is responsible for the financial and healthcare decisions of the children.

**If a patient "No Shows" for an appointment without canceling, they will be charged a \$25.00 fee. More than three "No Shows" may result in termination from the practice.**

If you have any questions, please feel free to call us at 402-489-0800.

**AUTHORIZATION:** I have read and understand the Financial Policy of Pediatrics, P.C. I understand that I am financially responsible for charges not covered or denied by my insurance and for all co-pays prior to services rendered. I authorize Pediatrics, P.C. to release any medical information needed to process claims and authorize payment of benefits to be paid directly to Pediatrics, P.C. (exception being Tricare Claims). I also agree to pay for the cost of collection, court costs, and other fees should they be required for nonpayment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name