



# KIDZ CARE PEDIATRICS

## FINANCIAL & BILLING POLICIES

Our providers follow the American Academy of Pediatrics guidelines in their approach to care. We are committed to providing you with the best medical care available. The following financial policy is provided to avoid any misunderstanding and provide you with an outline of our expectations.

**Please note: The party that brings the child to the office will be responsible for the visit's co-pay AND will also be the final responsible party on record. We will not be involved in parental court cases. Co-pays, coinsurance and/or deductibles are due at the time of service or the visit may be rescheduled. Whoever brings the child to the office for a visit will be authorized to receive financial and medical information. Information regarding a visit will be available on the portal.**

### Insurance, Billing & Patient Responsibility

Please note that there are over 1000 plans and it is **YOUR** responsibility to become familiar with your plan. If you do not understand your specific plan coverage, please call your insurance plan or your HR department at work. The number for your plan is listed on your insurance card.

You are expected to know if vaccines, well-checks, labs or other procedures are covered or might fall into the deductible. It is your responsibility to know if your well-check is made within the timeframe allowed by your insurance company. **PLEASE REMEMBER: we are contractually obligated by your insurance company to collect your co-pay or deductible at the time of service. Your co-pay or deductible may be required at each follow up visit.** If you have missed making a copayment in the past, we may ask for credit card information to be held on a secure site to be used for payment prior to making your next appointment. **If we have deductible information, your deductible will be due at the time of service. If you have failed to make co-pay, coinsurance, and/or deductible payment at the time of your visit you may be charged an additional \$25.00 billing fee.** Medical care **NOT COVERED** by your plan is due **IN FULL** at the time of the visit.

As a courtesy to our patients, Kidz Care Pediatrics will bill your insurance company. Please remember that your insurance is a contract between you and the insurance company, not the doctor. You are responsible for balances after primary insurance has paid and payment in full is due with the receipt of the statement. We participate in most plans, but if we do not accept your insurance you will be responsible for the day's charges at the end of the visit. Balances and/or unpaid claims over 60 days will be required to be paid in full or financial arrangements will have to be made before any future appointments can be scheduled.

You must report **ALL** insurance coverage correctly. Failure to do so is considered insurance fraud. This will also result in full patient responsibility of your bill. **INVALID INSURANCE INFORMATION** causing the claim to be returned will be subject to a \$25.00 refiling fee. Unless other arrangements are made with our financial department we may refer unpaid bills to a collection company after 60 days. Unpaid balances that are transferred to the collection company may result in family dismissal from the practice. There will be a reinstatement fee of \$35.00 once the balance has been paid in full.

We accept cash, check, Mastercard, Visa or Discover. There will be a \$25.00 for all returned checks. **Proof of current, valid insurance MUST be provided at the time of each service. Failing to prove you have a valid insurance will require the visit to be paid that day.**

**PAYMENT PLANS:** If you are having difficulty paying your balance in full, please call our financial department for arrangements. We must have a signed payment plan and you must be paying regularly to keep your account from further action. We can keep your credit card on file securely for monthly automatic payments.

**CANCELLATION & MISSED APPOINTMENTS:** If it is necessary to cancel your appointment, we require that you cancel **AT LEAST 24 HOURS prior to the appointment.** Failure to cancel the appointment will result in a \$25.00 fee for well and sick visits. As a courtesy, we call for reminders, however, you are still responsible for the cancellation even if you did not receive a call and/or text. We reserve the right to discharge you from our practice for missing appointments frequently.

**LATE APPOINTMENTS:** Because of our physician schedule, we may ask you to reschedule if you arrive to the appointment **more than 20 minutes past your appointment time.** Late arrivals cause appointments arriving on time to be late. Continuous late arrivals may result in a discharge from the practice.

**AFTER HOUR CALLS:** Our physicians are available on call 24 hours/day - 365 days/year for calls of a truly urgent nature.

**PAYMENT RESPONSIBILITY:** By signing below, the adult who signs a minor child into our practice accepts **final** responsibility for payment. We will send statements to the guarantor listed on your registration sheet, but time of service payment & final payment is the responsibility of the accompanying adult. Parents are responsible between themselves to communicate with each other about the treatment and payment issues. You will be able to receive a summary of each visit via the patient portal which may be used for parent communication.

By signing below, the responsible party acknowledges that he or she has read & understood the financial policy of Kidz Care Pediatrics and is bound by the terms and conditions set forth therein. You also understand that failing to sign this agreement may result in discharge from the practice.

\_\_\_\_\_  
Signature of parent or responsible party (or patient >18 yrs)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date of Birth

