

QUAKERTOWN PEDIATRICS -- FINANCIAL POLICY

Please list your children with date of birth

1.	_____
2.	_____
3.	_____
4.	_____
5.	_____

BASIC POLICY: Payment for service is due in full at the time service is provided in our office.

FOR PATIENT WITH INSURANCE: We bill most insurance carriers for you if proper paperwork is given to us. Your insurance coverage is an agreement between you and your insurer. It is your responsibility to remit payment for charges not covered by your claim and insure your carrier remits payment.

HMO PLANS: All co-pays must be satisfied each and every visit. You are responsible to know that your child is assigned to our office before your visit. A \$10.00 billing fee will be charged when not paid at visit.

PPO PLANS: We have agreed to accept the rate from plans we participate in, however all co-insurance is your responsibility. We will estimate co pays to the best of our ability. Since the co pays are estimates only, you are responsible for any co-insurance balances.

NON-CONTRACTED OR INDEMNITY INSURANCE PLANS: We will bill your insurance as a courtesy. We will estimate co pays to the best of our ability. Since the co pays are estimates only, we will bill you for your balance.

Secondary Insurers: Having more than one insurer DOES NOT necessarily mean that services are covered 100%. Secondary insurers will pay as a function of what the primary carrier pays. We will bill your secondary carrier as a courtesy. You are responsible for any balances after your insurance has cleared.

Divorce Decrees: This office is NOT a party to your divorce decree. The responsibility for minors rests with the accompanying adult.

Minor Patients: The adult accompanying a minor on the initial visit will be responsible for full payment or insurance co-payments. For unaccompanied minors on the initial visit, non-emergency treatment will be denied.

Payment for Services Performed: We accept cash, check, Visa, MasterCard and Discover. All payments are expected at the time of the service. **If your copay or coinsurance is not paid at the time of service, there will be a \$10.00 charge to bill it.** Any outstanding balances are due within 30 days of the statement. *If you experience circumstances out of your control, please call our office and we will be happy to make payment arrangements.* All balances that reach 90 days past due will be sent to a collection agency. Should your account be sent to a collection agency, you would be financially responsible for a 33% collection fees and legal fees that our office incurs through the process utilized to collect the outstanding delinquent balance.

I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY SET FORTH BY QUAKERTOWN PEDIATRICS AND I AGREE TO THE TERMS OF THIS FINANCIAL POLICY. I ALSO UNDERSTAND AND AGREE THAT THE TERMS OF THIS FINANCIAL POLICY MAY BE AMEDNDED BY THE PRACTICE AT ANY TIME WITHOUT PRIOR NOTIFICATION TO THE PATIENT.

Signature of Parent/Guardian

Date

12/2017