

Financial Agreement

1. Payment is expected at the time of service. This includes all co payments, deductibles and non covered services. It is important to know what your insurance plan covers. Services not covered by your insurance company are your responsibility.

***Copays are required to be paid at the time of service per your insurance company. We are required to follow the contracts we have with the insurance carriers to abide by this rule. Please be advised that we need to collect the copays, at the time of service regardless of who is bringing in the child to avoid a billing fee to be added to your account.**

Please be aware of specific details of your insurance plan’s covered benefits. This is especially important with regard to deductibles, and non covered services performed in the office. Many of the insurance carriers are not covering labs and tests done here in the office. We verify eligibility however we are unable to verify what each families benefits are. It is the parent or guardian’s responsibility to know what is covered on their families plan. It is your responsibility to know the limitations of your coverage and to communicate them with our office staff prior to delivery of services.

2. If your insurance is a Managed Care Plan (HMO) and your child requires services that require a referral, adequate planning is essential. Referrals must be authorized by your Physician and usually requires an office visit. Once the Physician approves the referral, your insurance carrier must also approve it. Authorization from insurance plans can take up to one week. Please be aware that we may not be able to accommodate same day call in requests for referrals. Upon receipt of a referral to a specialist or ancillary service it is your responsibility to be aware of what has been authorized. Subsequent visits, procedures, surgeries and hospitalization typically require additional referrals. Failure to obtain necessary authorizations often leads to out of pocket expense. We are happy to assist you in any way with your managed care plan.
3. If you can not provide adequate proof of insurance, you will be responsible for the entire visit at the time services are rendered. **In order for us to bill your insurance carrier we must have a copy of your insurance card, front and back.**
4. As per insurance carrier guidelines we charge an additional fee of \$30.00 for after hours non routine care provided in our office on weekends, evenings or holidays. This fee may or may not be covered by your insurance carrier.
5. In the case of estranged or divorced parents, the parent accompanying the child to the visit is responsible to pay for services rendered regardless of coverage or insurance arrangements. We will gladly furnish you with necessary statements for reimbursement.
6. If a payment plan is necessary we are happy to work with you to arrange a plan that will work within your budget. Accounts over 60 days past due may be referred to a collection agency.

I understand and accept the above statements.

Please print the name of each child, sign and date below.

Children: _____

Parent/Guardian Signature:: _____ Date _____