

CHILD LIFE PEDIATRICS FINANCIAL POLICY



We appreciate your decision to allow Child Life Pediatrics to be your pediatric home. We are committed to providing the utmost of care to your child(ren).

at child life pediatrics, our goal is to provide and maintain a good physician--patient relationship. letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve our goal....While this is not a comfortable topic for discussion, it is necessary for you to understand that a medical practice is a business like any other, and as such, it is imperative to have a financial policy in place.

Please read this document carefully and in its entirety. We welcome your questions and will be happy to discuss any matters that are unclear.

Before we are able to treat your child(ren), however, we require that you agree to these policies as indicated by your signature.

Responsible Party

Child Life Pediatrics will gladly submit claims to the health insurance carrier that you have provided to our office. All insurance information is due at the time of your visit and is validated at the front desk prior to each office visit. It is YOUR responsibility to inform the Front desk staff of any changes to your insurance, demographics or contact information in a prompt and timely manner.

Any charges accrued to your account are your responsibility. You will be expected to follow up on any unpaid or incompletely paid charges, regardless of insurance coverage.

if you need to designate a primary care physician with your insurance plan, please be sure to do so prior to your visit. if your insurance company has not been informed that dr cadet is your primary care physician as of the date of your visit, and your insurance refuses payment to CHILD LIFE PEDIATRICS, as a result, you will be financially responsible for the visit.

it is your responsibility to understand your insurance benefit plan. it is your responsibility to know if a specialist accepts your insurance plan. it is also your responsibility to know if your insurance carrier requires written or electronic referral for specialist/radiologic or laboratory

services. referrals require advance notice to our office (48 hours minimum). it is your responsibility to provide us with the doctors name, id number as well as date of scheduled visit.

In divorce situations, the parent or caregiver bringing the child into the office is the responsible party. A divorce decree , separation agreement and custody arrangements are matters between you and your ex-partner/ex spouse and the judicial system. Even if a court document states that one parent is responsible for payment of medical bills, CHILD LIFE PEDIATRICS has no authority to enforce compliance to that parent/party. The parent/guardian that accompanies the child is responsible.

You are responsible for any charges accrued by minor children, under age 18, who are receive medical care from CHILD LIFE PEDIATRICS.

You will be responsible for charges accrued by children, ages 18 or above, until such time that you notify CHILD LIFE PEDIATRICS in writing, prior to services rendered, that you no longer accept responsibility.

BILLABLE SERVICES

CHILD LIFE PEDIATRICS will bill for physician/nursing services provided to your child(ren).

CHILD LIFE PEDIATRICS will bil your insurance for follow up services. The same procedures (staff, room, supplies, physician, time etc.) are used for the follow up visit. These charges will be billed to your insurance just as the initial visit was billed. you are, therefore, responsible for the copayment, if applicable, for follow up visits.

CHILD LIFE PEDIATRICS will bill for all scheduled, walk in and after hour appointments. We also bill for patients that were not initially scheduled (ie. siblings of a scheduled patient) that Dr Cadet is asked to examine while in the office.

Occasionally, a patient will be scheduled for one type of service but the physician may diagnose and treat another problem in addition to the scheduled service. When appropriate, CHILD LIFE PEDIATRICS will bill for the additional service or depending on the insurance, this may result in a copayment.

in the event that your insurance carrier mails payment to you- for a claim submitted by child life pediatrics, it is your responsibility to pay that amount to **child life pediatrics**.

Copayments are collected at the front desk prior to entrance into the examination room. Copayments are determined by YOUR insurance company and are part of the contractual agreement that YOU signed with your insurance carrier. Your copayments are NOT determined by CHILD LIFE PEDIATRICS.

to the same point, deductibles are part of the contractual agreement between you and your insurance carrier. it is YOUR responsibility to be aware of such agreements and to remit payments to CHILD LIFE PEDIATRICS in accordance with the deductible amount indicated by your insurance carrier.

Any copayments not paid at the time of the visit and exceeding 60 days of the office visit to which they apply, WILL assessed a \$5.00 collection fee in addition to your outstanding balance. In addition, all personal checks returned for non-payment will be assessed an additional monetary surcharge.

If your insurance is not valid or you do not have insurance that is accepted by CHILD LIFE PEDIATRICS , you are responsible for the entire payment for that office visit and any other services provided, prior to entrance into the examination room . Please inquire at the Front Desk reception desk regarding the rates of payment for applicable services.

your signature on this policy authorizes **child life pediatrics** to release health information to your insurance carrier when necessary for payment, and direct them to remit payment to child life pediatrics (assignment of benefits).

lastly, **child life pediatrics** reserves the right to dismiss patients from our practice for non-payment. if you have established a history of non-payment on your account, you may be eligible for dismissal.

prior to dismissal, **child life pediatrics** will issue a certified letter informing you of our intent to dismiss unless payment is remitted in full. if payment is still not made within a specified amount of time, a certified dismissal letter will be issued. **child life pediatrics** will provide emergency care only for thirty (30) days after the date of the letter in order to allow you ample time to find another physician for your child(ren). you will **NOT** be eligible to see dr cadet or receive any services from **child life pediatrics** after the 30 day notice has expired.

method of payment

child life pediatrics accepts the following methods of payment:

cash

check/money order

visa

mastercard

discover card

sorry, we do not accept the american express card.

should you have any questions regarding your account or need clarification of any items listed in this financial policy, please contact our front desk/billing manager during regular business hours at (516) 338-kids (5437)

Your signature below acknowledges that you have received this notice, read it in its entirety, fully understand and agree to the policies contained herein.

patient name(s) _____

Signature	print name	relationship to patient	date
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