

Pediatric Care of York Payment Policy

York ▪ Shrewsbury

Patient Name & Date of Birth: _____

- ▶ **Co-payments and account balances are due at time of service.** This includes:
 - deductibles
 - coinsurance
 - medications received in lieu of a prescription
 - non-covered services
 - items considered "not medically necessary" by insurance(Unless other arrangements have been made in advance with the Practice Manager.)
- ▶ **Patients Without Insurance (Self-Pay):** Please make payment-in-full for your care at each patient visit. If payment cannot be made at each visit, the balance is to be paid within thirty (30) days from the date of the visit.
- ▶ **Patients With Insurance We Are Non-Par:** When we do not participate with your insurance, please make payment in full for all services rendered at the time of service. Only when payment-in-full is made at the time of service will we submit your claim as a courtesy. Your insurance will send payment directly to you. If payment-in-full is not made the account will be treated as self-pay and the balance is due within thirty (30) days from the date of the visit.
- ▶ **Patients With Insurance We Par:** When we participate with your insurance, we ask you assign your benefits to pay the doctor directly. The remaining balance should be paid within thirty (30) days of receipt of an Explanation of Benefits provided by your insurance company. If you or your insurance carrier makes payment exceeding your balance, reimbursement will be remitted.
- ▶ **A Walk-In Fee:** A walk-in fee will be charged when your child receives medical care without a scheduled appointment. This would include requesting an additional sibling be treated at the same time another sibling has a scheduled appointment. This fee is due at the time of service and will not be billed to your insurance. You are responsible for payment.
- ▶ **After-Hours Fee:** If you call after scheduled office hours and the patient is treated after office hours you will be charged an after-hours fee in addition to the visit charges. This fee may not apply if the call to the office was placed during scheduled office hours and you're seen after office hours. If this charge is not covered by your insurance plan, you are responsible for payment.
- ▶ **Missed Appointments/Late Cancellations Fee:** Broken appointments represent a cost to us, you and others who could have been seen in the time set aside for you. Cancellations are requested at least one (1) hour prior appointment time. We reserve the right to charge for missed or late canceled appointments. These fees will not be billed to your insurance plan. You're responsible for their payment.
- ▶ **Return Check Fee:** Dishonored checks will be charged back to the patient's account with a service fee. Dishonored checks not redeemed within fourteen (14) working days of written notice to the maker may be referred to the York Township District Justice Office for collection. When your check is returned you may be required to pay with cash at the time of service for future visits.
- ▶ **Emergency Fee:** When you or our clinical staff determines that your child be seen on an emergent basis, you may be charged an emergency fee in addition to other necessary services provided during that visit. If this charge is not covered by your insurance plan, you are responsible for payment.
- ▶ **Responsibility for Payment/Divorce Parents:** For all services rendered to minor patients, we will look to the parent or guardian with whom the child lives for payment (as being ultimately responsible financially). In the case of joint custody, the parent bringing the child into the office is responsible for any co-payments, fees, and medications billed at the time of service.

Thank you for giving us the opportunity to provide health care to your child. Our practice is committed to quality care and reasonable fees for our services. Diligent efforts are made to hold down the cost of medical care. You can help a great deal by eliminating the need for us to bill you. Please feel free to ask questions regarding our services, policies, and fees.

Whenever you have a financial hardship, we would like to discuss payment arrangements with you to keep your account in good standing. Please contact our Business Office at 741-9063, option 5 and we will be happy to discuss alternative payment options.

These policies are a condition of receiving care at our offices and the fees are subject to change. I have read and understand the above financial policies and agree to the terms.

Responsible Party: _____