Children's Medical Group

Financial Policy and Patient Responsibilities

Thank you for choosing Children's Medical Group as your child's medical provider. The following is a statement of our Financial Policy which we require you to read and sign prior to receiving any services.

Insurance

Our practice participates with most health insurance plans. Insurance vary in their coverage and it is the patient's responsibility to understand his/her medical benefits Please bring your insurance card with you at the time of your appointment, it will be copied for our system. This is to ensure that the information we have is correct and that your insurance plan is current. It remains your responsibility to provide this office with your most current insurance plan. Failure to do so could result in your responsibility for the entire balance of your office visit.

Credit Card Policy

We require a valid credit card on file prior to services being rendered. Your credit card will not be charged until 60 days after the services provided have been processed by your health insurance and the balance deemed your responsibility.

Co-Pays, Co-Insurance and/or Deductibles

All office co-pays are expected to be paid at the time of service. This is an insurance company policy. We accept cash, check, Visa, MasterCard and Discover.

Deductibles vary among insurance plans Health Insurance deductibles require the insured pay a certain amount out of pocket toward his or her health coverage before the insurance has to begin paying under the policy. Most deductibles are payable beginning January 1st of every New Year. Please check with your insurance company to determine the amount of your plan deductible.

No Insurance or Self-Pay

Payments are due at the time of service. If you are unable to pay your balance in full we will gladly arrange a payment plan. Arrangements must be made with our billing staff prior to your appointment.

The following fees will not be filed with your insurance carrier; they are the direct responsibility of the patient:

<u>No Show</u>

Any patient that does not show for their scheduled appointment and does not call in advance to cancel the visit will receive a $50 “no show” charge Payment is due upon receipt of the statement If payment is not made within 30 days the patients credit card will be charged.

*This policy does not apply to patients who call to cancel their appointment 24 hours or more in advance of the scheduled visit.

_____
(Initial)
Forms/Letters/Copy of Medical Records

There is a charge for completion of all forms, letters or copying of medical records. Payment must be made prior to the request being given to the patient. The charge will range from $5 to $35 depending on the length and complexity of information requested. Copying of medical records is charged according to the state guidelines. Please allow 5-7 business days for the completion these forms.

_____
(Initial)

I have read, understand, and agree to the financial policies as outlined in Page 1

I acknowledge full financial responsibility for services rendered by Children’s Medical Group. I understand that I am responsible for prompt payment of any portion of the charges including co-pays, deductibles and co-insurance amounts. I understand that payment of co-pays is expected at the time of the visit. I agree to be responsible for all reasonable attorney fees and collection costs in the event of default of payment of my charges.

Print Patients Name:_____Date_____

Signature of Responsible Party:_____
