Anderson Hills PEDIATRICS

OFFICE FINANCIAL POLICY

Patient's Name: _____

Thank you for choosing Anderson Hills Pediatrics as your child's healthcare provider; we appreciate the opportunity to serve their healthcare needs. We are committed to their treatment being successful and we value your trust in us.

Please understand that payment of your bill is considered part of the treatment process. We find communication with our patients/parents regarding our policies assists us in providing the best possible service. The following is a statement of our Financial Policy which we require you to read and agree to prior to your treatment:

- We are happy to file your insurance claim for you. In order to work with your insurance carrier, we must have **Complete and current registration information, a copy of your insurance card, and your signature on file**. If you are unable to verify coverage, you will be considered "self-pay" until the information is received.

- You must inform the office of all insurance changes and authorization requirements. You will be responsible for any charges that are denied by your insurance carrier which result from incomplete and/or out of date coverage information.

- Patients who are "self-pay" or have no insurance will be required to pay a minimum of $65 at the time of service. However, there may be times when all charges for that visit are not listed on your account at the time of check-out. You will be billed for these additional charges if applicable.

- There may be charges your insurance carrier considers "non-covered", "out-of-network", or "out-of-pocket". You are responsible for these charges and you authorize Anderson Hills Pediatrics to bill you for any appropriate services. This is in accordance with your insurance carrier contract. If you have paid any overpayments to us, we will refund this overpayment to you or apply it to your current account balance.

- All co-pays are due at time of service. (A $10 billing fee will be assessed for any co-pay not paid at time of service). Any account balances are also due at time of service. We accept cash, checks, MasterCard, Visa and Discover. Please note any returned check is subject to an additional $25 fee.

- We do understand special financial needs and offer payment plans in these circumstances. If you are in need of special payment arrangements, please contact our billing department. For most of our payment plans we do ask that the account balances be paid in full within 3 consecutive monthly payments.

- Missed appointments and/or failure to cancel an appointment will be subject to a $50 patient charge. We require at least 2 hours prior notice for a cancelled ill appointment and at least 24 hours prior notice for a cancelled check-up or pre-scheduled appointment. FAMILIES WHO HAVE 3 MISSED APPOINTMENTS WITHIN A 24 MONTH PERIOD MAY BE DISMISSED FROM THE PRACTICE.

- We reserve the right to charge for work-in appointments and for unusual expenses and/or clerical services. These charges are not covered by insurance and will be billed to you. Also, after-hours and emergency services involve additional charges that are billable to insurance. However, not all policies cover these charges and you may be billed for these charges.

- Past due accounts may be subject to collection proceedings. PATIENTS WHO ARE SENT TO COLLECTIONS WILL BE DISMISSED FROM THE PRACTICE.

I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE ABOVE FINANCIAL POLICY

Signature: _____ Date: _____

(Parent or Guardian only; children under 18 years of age may not sign form)