



Office Business Policies

Insurance Information

We accept all major insurances. At every visit, we request that you display your insurance card to the receptionist. Please note that not all insurance contracts cover all services. We are required to bill your insurance companies for services we provide to you. However, you are responsible for services that are denied/not covered. Co-payments must be paid before your visit. We accept check, cash, or credit card (MasterCard and Visa).

Self-Pay patients

If you are an existing patient and do not have a valid/active insurance, but wish to be seen at our practice, we require that you pay for the entire visit at the time of service.

No Shows/Late Notice

We require 24 hours notice if you cannot keep your scheduled appointment (this applies to follow ups, well checks, sports physicals, and consults) We also require 2 hours notice for same day scheduled appointments. Failure to do so will result in a \$35 fee for insufficient notice/missed appointments.

Auto Insurance

If your child is seeing a provider as result of an auto accident, we require your auto insurance card, claim number, and adjusters name at the time of visit.

Past due accounts

Our office policy requires that all outstanding balances be paid in 30 days from receiving the first bill. In the event that this is a hardship, we will accept 50% of the balance to be paid within the first 30 days and the remainder of the balance to be paid in the next 30 days. If you are unable to comply with that payment plan, (after 60 days of grace period) we will unfortunately 1) have to report you to all three major credit rating agencies, 2) send your bill to collections, 3) request that you find a new pediatrician. At that point, we will provide you with a certified letter that has a list of other pediatricians in the area along with a notice that, we will be able to provide you with only 30 days of sick/emergency care while you find your new pediatrician.

Forms

We charge \$10 for all forms that require a Signature, or Office stamp. Payment needs to be made when the form is dropped off. If you are mailing a form please attach a check with it and if you are faxing a form, please call in a payment. Please understand that we get many forms and it could take anywhere from 1 – 2 weeks to get your form completed and returned.

Payment Options

Our office requires that all payments (co-pays, payment for forms, and outstanding balances) be paid at the time of visit. We accept payments in cash, check, or Master and Visa card. In the near future, we will require a credit card on file to address any outstanding bills over 30 days.

Patient Name: _____ Patient DOB: _____

Parent Name and Signature: _____ Date: _____