

UNION PEDIATRICS, PSC FINANCIAL POLICY

Our main focus is to provide first class medical care to our patients. In order to do this, we must receive prompt payment. A financial policy has been developed for the following reasons:

1. To meet financial obligations of the practice
2. To follow terms set forth in insurance contracts
3. To help families understand their financial responsibilities for the services provided by us

INSURANCE CARDS: Please bring your child's **current** insurance card with you to each visit. This helps ensure that the proper information is processed, and the appropriate insurance is billed for that day's visit. If your insurance changes, it is your responsibility to check and see that we are providers participating with the plan, and to list us as your primary care physician, if your plan requires this.

CO-PAYS: If your insurance requires a co-pay, it must be paid at each visit. The co-pay must be paid by the person who brings the child in for the visit, or payment must be made via phone prior to the visit. This is part of **your** contract with **your** insurance company. **A \$15 LATE FEE WILL BE ADDED TO EACH CO-PAY THAT IS NOT PAID ON THE DATE OF SERVICE.** We accept cash, personal check, Visa, MasterCard and Discover. If you have a secondary insurance that is anything other than Medicaid, your co-pay is still due, as we do not file secondary insurance.

DEDUCTIBLES: If your insurance plan has a "deductible", **this amount is your financial responsibility.** We are able to verify the majority of deductible amounts on the date of service, and expect payment for this amount **on the date of service.**

WELL CHILD CHECK-UPS: Despite the recent health care law changes, many insurance plans still require a co-pay for well child visits. This is your responsibility. Some insurances do not provide vaccine coverage. We are no longer able to provide vaccines to patients at the office **UNLESS** your insurance covers vaccines. For these rare cases, it will be necessary for your child to receive their vaccines at the health department. Please check with your insurance to see if vaccines are covered.

CANCELLATIONS AND MISSED APPOINTMENTS: Please cancel or reschedule appointments (well child visits, pre-ops, medicine checks) 24 hours in advance. We reserve the right to charge a **\$25.00 fee** to those who cancel without a 24 hour advance notice, and for any patient who "no shows". We **will charge \$25.00 for any "no show" visit in which the appointment was made the same day.**

PAYMENT TERMS:

1. Payment of co-pays **AND** outstanding balance is required at each visit.
2. Outstanding balances must be paid within 30 days
3. To any balance over 30 days that has been determined to be your responsibility, a rebill fee of \$25 will be applied
4. Failure to pay off a balance that is your financial responsibility will result in the account being turned over to a collection agency after 120 days. You are responsible for any additional fees charged by the collection agency. Your family will also be dismissed from the practice once the account is sent to the collection agency.
5. Payment plans can be set up to avoid collection accounts. Contact us for details. However, failure to adhere to the plan will result in the collections process.

RETURNED CHECK FEE: There will be a \$35 fee for a returned check. In addition, all future payments will need to be made with either cash or credit card.

NEWBORNS: Insurance companies generally allow only **30 days** to add your newborn to your insurance plan. Please call ASAP to get this done. Once you receive your child's card, please provide us with a copy. If you fail to add the baby to the plan, you will be financially responsible for any visits.

DIVORCE SITUATIONS: Since we are not a party to your divorce, we cannot be involved in the financial arrangements determined by your divorce decree. The parent who brings the child to the office is responsible for payment due **AT THE TIME OF SERVICE**. We ask that you provide us a copy of the custody agreement. This protects us, you, and your child in terms of HIPPA compliance. If your child has a legal change of name, we must have a copy of the legal document.

TRANSFERRING RECORDS: You are entitled, by KY law, to one free copy of your child's medical records. Any additional copies will be assessed a fee of \$1.00 per page. A legal guardian must sign the record release. By law, our office has 30 days to copy the record. We do you require that you pick up the record, as they often get "lost" when sent to other practices. If you are unable to pick them up, we do reserve the right to charge a \$5.00 postage and handling fee.

LETTERS AND FORMS: There is a charge for all forms not requested at a regular well child check. The charges are as follows:

1. Immunization record: \$5.00
2. Sports form/Camp form: \$15.00
3. School form: \$15.00
4. Same day sports or school form: \$35.00
5. FMLA forms: \$50.00
6. Same day prescription refills: \$10.00

ONE school/sports/immunization form will be provided per year, given at the well child visit, at no charge. We urge you to keep a copy at home.

I have read and agree to the terms of this financial policy. I will be provided a copy for my records, shall I so desire.

Name-printed: _____ Date _____

Signature: _____

Names of children:
