



## FINANCIAL POLICY

Welcome and thank you for choosing Kids Care Pediatrics for your child's healthcare needs. We are committed to providing you with the highest quality care in a cost effective manner. Our professional fees have been determined through careful consideration in addition to being reasonable and customary within our region. Your clear understanding of this policy is important to our professional relationship.

### APPOINTMENTS

- Please bring with you to each appointment: Current Health Insurance Card(s) and Method of Payment
- If you are more than 15 minutes late for your appointment, you may be asked to reschedule or have to wait until the provider is able to see you
- To our established patients: please inform the Front Desk Staff of any demographic changes (address, name, insurance). Failure to notify us of any changes may result in you being financially responsible for services that are not covered by your insurance carrier
- **ALL COPAYS ARE DUE AT THE TIME OF SERVICE.** Any copay not received at the time of service will result in a \$5.00 surcharge
- Children under the age of 18 **MUST** be accompanied by an adult

### INSURANCE PLANS

- **Medicaid:** Please make sure you have a full understanding of your benefits and what you may be responsible for if not covered by your insurance plan. We are contracted with multiple insurance companies to accept assignment of benefits.
- **"In Network" vs. "Out of Network":** Kids Care is "In Network" with a number of major insurance carriers including (but not limited to) Highmark, UPMC, Aetna, United Healthcare, Health America, Tricare, Devon, WPEE, and Cigna. For smaller individual insurance carriers, it is your responsibility to call ahead and determine if your visit will be covered by your insurance plan. Your insurance coverage and benefits are a contract between you and your insurance company; therefore, all disputes must be handled between you and your insurance company
- **Self-Pay Patients:** Full payment is expected for services rendered. If the parent/patient is unable to comply, financial arrangements can be made with our billing department

### AUTO ACCIDENTS/WORKER'S COMPENSATION

- Motor Vehicle Accident claims will be filed to your auto insurance as a courtesy to you. However, you must provide all necessary paperwork and insurance information
- Our office will send appropriate workers compensation claims for services rendered on your behalf, but you must provide all necessary paperwork
- If claims are denied or benefits have been exhausted, full payment is expected from the patient within 30 days unless other health insurance is provided

**PAYMENT FOR SERVICES RENDERED**

- Copays, coinsurance amounts, deductibles and all other non-covered items and charges are the insured/patient’s financial responsibility. Failure to pay copay at check-in may result in a \$5.00 surcharge
- If you receive more than one type of service on the same day, you may be responsible for more than one copay (Example: Well Child Check/Physical as well as a sick visit such as a sore throat or stomach pain in the same visit)
- If your child is scheduled for a Well Child Check but he/she has additional issues that need to be addressed at the same time of visit, please note there may be additional services billed to your insurance. We do not know your individual insurance benefits and there may be out-of-pocket expenses. If this is of concern to you, you have the option to reschedule the well child exam or the problem related service for another day but please let the nurse know.
- There is a \$5.00 charge to complete forms for sports, daycare, school, FMLS, etc. This fee only applies if the request is made after 30 days from the time of the physical/check up
- Returned checks will incur a \$30 fee
- As a courtesy to our patients we accept the following methods of payment:



**PAYMENT PLANS, OUTSTANDING BALANCES AND COLLECTIONS**

- Our billing department will be happy to assist you in order to pay any previous balances owed to our practice. We can offer monthly payment plans that will suit your individual needs. Please contact our billing department with any questions
- Accounts with outstanding balances may also be suspended and no appointments will be made until some payment is made
- Balances over 120 days may be turned over to a collection agency unless other financial arrangements have been made

*I have read and understand the Financial Policy set forth by Kids Care Pediatrics, Inc. I agree to comply and accept the responsibility for any payment that becomes due as outlined previously.*

Patient Name(s): \_\_\_\_\_

Responsible Party Member’s Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Responsible Party Member’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you would like a copy of this agreement for your records, please ask our Front Desk staff.