

SUGARTOWN PEDIATRICS, LLC

FINANCIAL POLICY

Sugartown Pediatrics, LLC is dedicated to providing our patients with the best possible care and services while keeping your costs from increasing at an unreasonable rate. We ask your help by understanding and cooperating with our financial policy as follows:

INSURANCE

We participate with several different insurance companies. Please check with your insurance company to see if we are a participating provider with your plan. If we **DO** participate with your insurance company, all services performed in our office will be submitted to that insurance carrier unless we have received prior notification of non-covered services. **All co-pays and deductibles are the responsibility of the patient/guardian and will be due at the time of service.**

If we **DO NOT** participate with your insurance company, we will not bill your insurance carrier **AND** we will not accept payment from that insurance carrier as payment in full for the services rendered. We will provide you with an itemized bill for you to submit the charges to your insurance company for reimbursement.

You are responsible for providing us with your current insurance information. **You will be required to present your insurance card at every visit.** If we do not have your current insurance information, you may be liable for the balance due even if you had insurance coverage at the time of service.

IT IS IMPORTANT FOR YOU TO FULLY UNDERSTAND YOUR INSURANCE COVERAGE AND THE CONTRACT THAT YOU OR YOUR EMPLOYER HAS WITH THAT COMPANY. As medical providers, we must emphasize that our relationship is with you, not your insurance company. It is often necessary for you to inquire and explore your benefits with your insurance carrier. Since we accept a variety of insurances, it is not possible for us to know all of your plan provisions. We will be happy to assist you with any questions you may have regarding non-covered services.

BILLING & PAYMENTS

Our office accepts Cash and Checks. All payments are expected at the time of service. **IF CO-PAY IS NOT PAID AT THE TIME OF SERVICE, A \$10.00 BILLING FEE WILL BE ASSESSED WITHIN 7 DAYS.** Any outstanding balances that are incurred as per your insurance company are due within 30 days of your billing statement. **IF A SECOND BILL NEEDS TO BE ISSUED FOR ANY OVERDUE BALANCES, A \$10.00 FEE WILL BE ASSESSED TO YOUR ACCOUNT.** Should your account be sent to a collection agency, you will be financially responsible for all collection and legal fees that our office incurs through the process utilized to collect the delinquent balance. Medical services will not be provided until all outstanding balances are paid in full unless other arrangements have been made with our billing department.

It is our office policy to charge the following fees that are not billed to your insurance company:

- \$20.00 Returned checks (plus full amount of original check)
- \$35.00 Sunday/Holiday Office Visits (in addition to your co-pay)
- \$20.00 Service charge for medical records copying, work permits or DMV permits
- \$20.00 Service charge for telephone consults resulting in a prescription called-in to pharmacy

I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY SET FORTH BY SUGARTOWN PEDIATRICS, LLC AND I AGREE TO THE TERMS OF THIS FINANCIAL POLICY.

Signature of Patient and/or Guardian

Date