



Financial Policies

Children's Medicine, P.C. (CMPC) follows the American Academy of Pediatrics guidelines. CMPC is committed to meeting your child's health care needs. This financial policy is provided to give you an outline of our expectations.

Patient Responsibility and Insurance

Our providers participate in numerous insurance plans. Please remember every plan is different and has its own individual requirements. It is your responsibility to understand your benefit plan. If you do not understand your coverage, please call your insurance company or HR department at work. A phone number for the insurance is usually located on your health insurance card.

You are expected to know if well checks, vaccines, labs or any other procedures are covered or may apply to a deductible. Some lab work will be sent to an outside lab, the laboratory will bill you separately. CMPC may need to send you to an outside facility, it is your responsibility to make sure this is within your plan and/or if a referral is required. It is your responsibility to know if your well check is made in the timeframe allowed by your insurance company. We are more than willing to provide care within your insurance guidelines if you let us know at the time of each visit.

CMPC is contractually obligated by your insurance company to collect your copayments, deductibles and co insurances. Copayments are collected at the time of service. You are responsible for balances after the insurance has paid and payment is due with the receipt of the first statement. If CMPC does not participate in your specific plan, then you will be responsible for the day's charges at the end of the visit. Any services determined not to be covered by your plan will be your responsibility.

CMPC will file with most insurance companies. Please remember that your contract is a contract between you and the insurance company. Balances and/or unpaid claims over 60 days must be paid in full or financial arrangements made before any future appointments will be scheduled. CMPC must have a signed financial agreement and payments must be paid in accordance with the agreement or the account will be sent to a collection agency. If arrangements have not been made after 60 days the account will be transferred to a collection company. Unpaid balances transferred to the collection agency will result in family dismissal from the practice. Family may be re-instated to practice once balance been paid in full and a written request for re instatement is received.

We do not file automobile, liability or homeowner's insurances.

You must give correct insurance information. Invalid insurance information will result in full patient responsibility of your bill.

Proof of current, valid insurance and photo ID must be provided at the time of service.

We accept cash, check, American Express, Discover, MasterCard, Visa. Any check dishonored by your bank will result in a \$35 return check fee and your account will be a cash only payment basis.

Appointments

CMPC schedules by appointment only. If you bring your child in without an appointment, you will be scheduled in the next available appointment time unless you have a true emergency.

If necessary to cancel a well exam or consult, CMPC requires 24 hours notice of cancellation. Sick appointments and follow ups must be cancelled 2 hours prior to appointment. Failure to cancel appointments in the appropriate timeframe will result in a \$35 fee.

If you arrive to the office more than 20 minutes past your appointment time, you may be asked to reschedule. Continuous late arrivals may result in discharge from the practice.

After Hours Calls

CMPC providers are available on call 24 hours a day for calls that are urgent in nature. Our practice is charged per call for after hour calls to the nurse advice line, non-urgent calls may be charged \$15 per call.

Forms/Medical Records/ Prior Authorizations

All medical records request must be submitted on CMPC’s Authorization for Release of Health Information form. The fee for medical records are based on the number of requested pages, search retrieval & administration, certification fee and postage. CMPC requires 7 -10 days to prepare records after release has been received. There is a minimum \$10 fee for administrative services for the completion of forms (unless completed at a well check exam). There is a \$25 fee for all prior authorization requests. Payment is required at the time of the request.

Financial Responsibility

CMPC will continue to bill the parent once the child turns 18 unless otherwise notified in writing. The adult who signs a child into CMPC accepts the responsibility for payment. We will communicate treatment and payment with the parent present. Parents are responsible to communicate with each other about treatment and payment issues. You will need to bring insurance card, photo ID and payment in full or payment required by insurance plan to every visit. By signing below, the responsible party acknowledges that he or she has read and understands the financial policy. Failing to sign the financial policy may result in discharge from the practice.

_____ Date

Patient/Parent/ Guardian Signature

Patient/Parent/Guardian Printed Name

Please list all patients:

Patient Name _____ Date of Birth _____

Patient Name _____ Date of Birth _____

Patient Name _____ Date of Birth _____

Patient Name _____ Date of Birth _____