



## FINANCIAL POLICY

The purpose of this form is to notify you of our office policy in advance. Please read this carefully.

Our office participates with many managed care insurance companies. Should your insurance coverage be with one of these companies, we will bill your insurance company along the guidelines of our contract. Co-payments, co-insurances, deductibles, and non-covered services that have not been satisfied, are the responsibility of the patient. Payment is expected at the time services are rendered.

Scheduling and arriving for an appointment at our office is implied consent for all services to be performed which are medically and age-appropriate for your child as recommended by the American Academy of Pediatrics.

If you have insurance with which we do not participate, payment is expected at the time services are rendered. We will provide you with an itemized receipt to submit to your insurance.

There are times when making a payment can be a financial hardship. Please advise our staff prior to your visit if you are in need of a special payment arrangement. Co-pays are exempt from this because your insurance requires you to pay your co-pay at the time services are rendered. You are required to notify us at the time of service if this is an accident visit to avoid additional financial costs.

If we are your primary care physician, make sure our name and/or phone number appears on your card. If your insurance company has not been informed that we are your primary care physicians as of visit date, you may be financially responsible for the visit.

Before making an annual physical appointment, check with your insurance company. Not all plans cover annual healthy physicals or hearing and vision screenings. It is your responsibility to know your insurance plan benefits. If it is not covered, you will be responsible for payment.

Not all services provided by our office are covered by every plan. Any service determined "not covered" by your plan will be your responsibility.

A \$10 service fee will be charged in addition to your co-payment if not paid at the time of service or by the end of the business day.

Patient balances are billed immediately upon receipt of your insurance plan's explanation of benefits. Your remittance is due within 20 business days of your receipt of your bill. Unpaid balances may result in the postponement of scheduled well visits and/or dismissal from our practice. Any balance over 90 days will be forwarded to our collection agency. You agree, in order for us to collect monies you owe, Abington Pediatric Associates or its agents may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to us. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing devices, as applicable.

A \$25.00 fee will be charged for checks returned for insufficient funds. If a check is returned, all future payments must be cash or credit.

We charge \$20.00 to transfer medical records for the first child and \$15.00 for each additional transfer that is requested at the same time.

If your child has school, camp, or sport forms to be completed, there is a \$10.00 charge per child. Payment is due when the forms are dropped off. We have a 5 to 7 day turnaround time for forms. If a form is needed sooner than 3 days, there is an additional \$10.00 rush fee.

If you have any questions, do not hesitate to ask a member of our staff.