



Children's National™

Pediatricians & Associates, LLC

Part of the Children's National Health System

## Patient Financial Policy

Thank you for choosing Children's Pediatricians & Associates as the healthcare provider for your child/ren. We are committed to providing you with outstanding care at the most affordable cost. In order to achieve these goals, we need your assistance and your understanding of our financial policy.

FULL PAYMENT FOR PROFESSIONAL SERVICES IS DUE AT THE TIME SERVICE IS RENDERED IF YOU ARE WITHOUT INSURANCE COVERAGE (SELF-PAY).

ALL COPAYMENTS MUST BE MADE AT THE TIME OF CHECK-IN FOR THE APPOINTMENT. WE ACCEPT CASH, CHECK AND MAJOR CREDIT CARDS.

**Please sign below to acknowledge your understanding and acceptance of this policy.**

- 1) I have enrolled my child/ren in my insurance plan. I understand by law that I have 30 days to add my newborn child to my policy and/or have a qualifying event. If my child/ren have not received a policy number within 30 days or less I am still responsible for all charges incurred.
- 2) As a courtesy, upon presentation of your current valid insurance card we will bill your insurance carrier. However, the entire balance is your responsibility whether the insurance company pays or not. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract.
- 3) The adult accompanying a minor child is responsible for co-payment in full at the time services are rendered.
- 4) Children's Pediatricians & Associates is authorized to receive direct payment of any medical benefits for the services being rendered.
- 5) In the event that your insurance coverage changes to **a plan in which we are a non-participating provider**, you are responsible for payment in full at the time service is rendered. We will provide you with the necessary medical documents in order to process your claim upon request.
- 6) A Children's Pediatrician & Associates physician must be listed on your child/ren's insurance card as their **primary care physician** in order for us to receive reimbursement for services rendered. It is your responsibility to assign the correct primary care physician through your healthcare plan. Any services denied reimbursement due to the **primary care physician** will be your responsibility.

Office Use Only:

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## Patient Financial Policy - Continued

- 7) It is your responsibility to make sure the dependent information on the insurance card reflects the correct spelling of your child/ren's name(s) as well as the assigned **primary care physician**. If we (CP&A) verify your insurance and find out the coverage is not valid or the policy has been terminated, all services rendered to your child/ren must be paid in full at the time of service.
- 8) Please be aware that Motor Vehicle Accident (MVA) claims will be filed with the patient's medical insurance carrier unless otherwise informed, upon which the patient will be responsible for all services to be paid in full at the time or service. Any filing to a Motor Vehicle insurance carrier will be the patient's/guarantor's responsibility; however, CP&A will provide any required documentation. Refunds to any medical insurance carrier for any reason will only be made upon request by the payer in writing.
- 9) We reserve the right to add 25% of the total delinquent amount if your account is to be sent to an outside collection agency.
- 10) We reserve the right to charge a \$35.00 Insufficient Funds (ISF) Fee for any returned items (checks and/or credit/debit card transactions).
- 11) We reserve the right to charge a \$25.00 No-Show Fee (NSF) for all appointments cancelled without 24 hours advanced notice.

**By signing below, I agree that I have read and understood the above mentioned terms and conditions of the financial policy for Children's Pediatricians and Associates.**

\_\_\_\_\_  
Guarantor's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Member's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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