

UNIVERSITY PEDIATRIC ASSOCIATION

FINANCIAL POLICY

In order to reduce confusion and misunderstanding between our patients and the practice, we have adopted the following financial policy. If you have any questions about the policy, please discuss them with the billing office or the Patient Account Representative. We are dedicated to providing the best possible care and service to you and regard the complete understanding of your financial responsibilities as an essential element of your care and treatment.

Unless other arrangements have been made in advance by either you or your health coverage carrier, full payment is due at the time of service. For your convenience, we will accept cash, check or money order. VISA, MasterCard and Discover will be accepted for payment of \$10.00 or more.

APPOINTMENTS

There will be a \$35.00 charge for missed appointments that are not cancelled 24 hours prior to the scheduled time.

INSURANCE

We have made prior arrangements with several insurers and other health plans to accept an assignment of benefits. We will bill those plans for which we have an agreement and will only require you to pay the authorized co-pay. It is our policy to collect co-pays for the pre-set amounts when you arrive for your appointment and check in with the receptionist. Our cashier will collect co-pays determined by a percentage upon completion of your visit. Any services that are not covered by a co-pay, are due in full at the time you check out.

MEDICAID

Medicaid requires all Medicaid recipients to always present their card when seeking medical attention. Failure to do so may result in the rescheduling of your appointment. If the visit is for a well check or immunization, the appointment will be rescheduled until proof of Medicaid is presented.

RETURNED CHECKS

A \$30.00 service charge will be added to your account for all returned checks and must be paid before additional appointments will be scheduled. Restitution of the check must be made within 10 days or check will be given to the County Attorney for prosecution.

COLLECTION AGENCY

Any account that is given to our collection agency due to non-payment will have a 10% collection charge added to the account. Our collection agency will then collect the past-due amount plus the 10% collection charge.

SERVICES RENDERED IN THE HOSPITAL

We will bill your health plan for all services provided in the hospital. Any balance due is your responsibility and is due upon receipt of a statement from our office. If you are unable to pay in full, payment arrangements can be made.

MINOR PATIENTS

For all services rendered to a minor patient, we will look to the adult accompanying the patient and/or the parent or guardian for payment.

I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY OF THE PRACTICE AND I AGREE TO BE BOUND BY ITS TERMS. I ALSO UNDERSTAND AND AGREE THAT SUCH TERMS MAY BE AMENDED FROM TIME TO TIME BY THE PRACTICE.

Signature of patient or responsible party if patient is a minor

Date

Print name of the patient