

SHAKER PEDIATRICS FINANCIAL POLICY

Thank you for choosing our office for your health care needs. We are committed to providing the best care possible. This is best achieved if you know in advance our financial policies. Please read this information carefully and let us know if you have any questions.

Unless we participate in your insurance plan or other payment arrangements are made, payment for all services is due at the time of the visit. We accept cash, check, Visa, Master Card, Discover and American Express.

Your insurance policy is a contract between you and your insurance company. Knowing your benefits is your responsibility. Insurance plans vary widely and we cannot know what part of our services will be covered by each plan. You will be financially responsible for all services not covered by your insurance plan. Please contact your insurance company with any questions regarding your coverage.

As a courtesy to you, we will bill any insurance company that we participate with. To do this, we require up to date insurance information. Please let our office staff know at each visit if there are any changes to your insurance coverage or registration information.

Many insurance plans require co-payments at the time of the visit. If a co-pay is not paid within 24 hours of your visit, a service fee of \$10.00 will be applied to your account.

Many insurance plans require you to choose a primary care provider (PCP). If one of our providers is not listed, you may be financially responsible for all services.

The parent or legal guardian that brings a child to our office will be considered financially responsible for the visit. If parents are divorced or separated, it is their responsibility to make financial arrangements. Shaker Pediatrics does not participate in payment disputes between parents.

Patients 18 years of age and older will have their own account and be responsible for their own bill.

We reserve the right to charge for missed appointments. We will send you a courtesy letter for the first no show advising you that you missed the appointment. There will be a service fee of \$20.00 applied to your account each time an appointment is missed after the first. If no shows become excessive, you will be at risk of being asked to transfer your child's (rens) medical records to another provider.

Whenever a check is returned to us from the bank, the amount will be retained on your bill and you will be charged a \$20.00 service fee.

You will receive an invoice by mail for any outstanding balance, including services not covered by your insurance. Balances are due within 30 days. If the balance is not paid within 120 days, you will receive a certified letter informing you that your balance will be turned over to a collection agency; you may be responsible for collection agency fees and you will be discharged from our practice. We will continue to see your child on an emergency basis only for 30 days from the date of the letter, giving you time to find alternative medical care.

If you are temporarily unable to pay your bill, we will gladly arrange a payment plan with you. Please do not hesitate to contact our billing department.