

General Financial Information

1. We require 24 hours notification for cancellation of any scheduled appointment. Failure to Provide proper notification will result in a \$25.00 non-cancellation fee.
2. There is a \$20 fee for all returned checks.
3. We submit claims to the insurance company as a courtesy to our clients. We reserve the right To collect the co-pay and any co-insurance at the time of service. Any balance we are unable To collect from the insurance company will be your financial responsibility.

Patients will be given a 30 day grace period to pay any outstanding balance. After this time, a late fee of \$1.5% will be charged to your account for unpaid balances. (Effective November 1, 2009)

- 4) Every insurance policy is different and we are unable to provide you with the specifics of your Policy. Any tests or procedures we perform are based on our evaluation of your Child's needs at the time. **Some procedures are not always covered by the insurance company even though they are medically necessary.** You will be responsible for payment of these procedures unless otherwise stated by you prior to treatment of your child.
- 5) If you are moving or choose to leave our practice, there is a \$35.00 charge for a complete Copy of the medical chart. Some information can be provided for free as detailed on the Request form.
- 6) All our billing is done through a 3rd party billing company, MBR (Medical Billing Resources). Any and all billing questions should be directed towards billing company. Contact information for our billing company can be found on our website www.primarycarepediatrics.com.

Primary Care Pediatrics will make every effort to notify you of any policy changes in the future. Your signature below represents your agreement to abide by these policies. Please feel free to speak with our business office regarding any questions with the above policies.

I have read and fully understand the above information.

Signature

Date