

## LAKE AREA PEDIATRICS FINANCIAL POLICY

Thank you for choosing Lake Area Pediatrics. We are dedicated to providing the best possible care for your child, and we want you to completely understand our financial policies.

**ALL COPAYS, COST SHARES, SELF PAY ACCOUNTS AND PAST DUE ACCOUNTS ARE DUE AT THE TIME OF SERVICE**, regardless of who brings the child in, whether it be a parent, grandparent, or friend unless other arrangements have been made prior to the appointment.

**No Shows and Cancellations:** Lake Area Pediatrics has a \$30.00 charge for ALL no show appointments. Well Child check-up appointments **must give at least a 24 hour notice of cancellation**, or will be charged a \$30.00 fee. If you do not show for an appointment 2 times you will be dismissed from the practice.

**Late Fees:** Accounts over 60 days will be charged a 50.00 late fee. Any accounts over 90 days will be sent to Montgomery County Credit Bureau.

**Child Custody/Divorce cases:** It will be the responsibility of the parent, guardian, grand parent, or friend that brings the child in, for all co-pays, deductibles or balances. It is the parents' obligation to work out financial arrangements between themselves.

**Insurance:** If we participate with your plan, we will bill your insurance for you. Keep in mind that your insurance policy is basically a contract between you and your insurance company. Not all insurance plans cover all services. In the event your insurance plan determines a service to be "**not covered by plan**" you will be responsible for those charges. Payment is due upon receipt of a statement from our office.

**Demographic Updates:** Please make sure to notify the front desk of any changes in address, phone numbers and insurance. This will be helpful if the doctor needs to contact you for test results, or the front desk needs to confirm your appointment. You will be responsible for any services not covered by your insurance for failing to notify us of any changes and updates.

**Late Arrival:** If you are more than 15 minutes late, your appointment may need to be rescheduled in order to prevent inconveniencing other patients.

**Referrals:** It is the responsibility of you the parent, to know your insurances policy on procedures for a referral. If your plan requires a referral, it will be necessary for you to inform us prior to scheduling an appointment with a specialist. You need to provide us the physicians name, address, fax, and phone number. Please give us at least 14 days notice prior to needing the referral for your appointment. We can not guarantee that a referral can be obtained the same day as your appointment, even if it is an emergency.

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I have read, understand, and agree to the above Lake Area Pediatrics Financial Policy, I also understand and agree that such terms may be amended by the practice at any time.

\_\_\_\_\_  
Signature of Parent or Guardian

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Date

\_\_\_\_\_  
Please print the name of the patient