



## Financial Policy

1. All charges incurred for services in the office will be payable at time of service unless prior arrangements are made.
2. All co-payments are due before service is provided. We cannot bill you for your deductible or co-payments.
3. There will be a \$35.00 service charge on all returned checks.
4. Non-covered benefits need to be paid at time of service. Please contact your insurance company prior to office visits. Check benefits (i.e. immunizations, well checks and pre-existing conditions).
5. Patients needing services due to an injury which involves a third party will be responsible for their own account. Payment is due at time of service.
6. The responsibility for payment of service lies with the person seeking treatment or the person seeking treatment for another. Any court ordered responsibility judgement must be determined between the individuals involved without the inclusion of our office.
7. Children's Medical Group physicians may discontinue care for any patient due to nonpayment.
8. Any patient's account that cannot be collected by our office will be turned over to a collection agency. In this event, patients will be dismissed from the practice. Also, you will be responsible for any court costs, attorney fees, collection fees, etc., incurred by the agency to collect your account.
9. If you receive a statement that you feel the insurance company should have paid, please contact them, then our office regarding the status of your claim.
10. Insurance is a contract between you and your insurance company. The final responsibility is yours, regardless of what your insurance pays.
11. If we are not your Primary Care Physician (PCP) you are expected to pay at time of service, or you may see your PCP.
12. Self pay (no insurance coverage) you are expected to pay at time of service. We will offer a 20% discount for all accounts paid in full at the time of service.
13. Please enroll your new born as soon as possible. Otherwise, insurance will not pay the medical bills.

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_