

PEDIATRIC ASSOCIATES OF FALL RIVER, INC. – FINANCIAL POLICY

ALL PAYMENT IS EXPECTED AT THE TIME OF SERVICE:

Payment is required at the time services are rendered unless other arrangements are made in advance. This includes applicable co-insurances and co-payments for participating companies. Co-payments must be paid at the time of service regardless who brings the child in the office. In the case (such as divorce) where the custodial parent is not the insurance holder the person accompanying the child is responsible to pay co-payments at the time of service. Our office will not bill for co-pays. Pediatric Associates accepts cash, personal check, VISA, MasterCard or Discover. There is a service charge for all returned checks. We offer a discount for payment in full at the time of service.

Patients with an outstanding balance of 60 days past due must make arrangements with the billing office prior to scheduling well appointments. School, camp or sports forms will not be provided for patients with accounts 60 days or more overdue unless arrangements for payment have been made with the billing office. Accounts over 90 days overdue will be considered seriously delinquent and referred to our Collection Agency. We realize that people have financial difficulties, please call the office to make special arrangements. Failure to provide payment for services rendered may result in discharge from the practice.

INSURANCE:

Your insurance card must be presented at every visit. We bill insurance companies as a courtesy to you. It is your responsibility to notify the office of any insurance change. It is essential that you enroll newborn infants with your insurance carrier within 30 days of the date of birth. Unless you do this the child has no insurance coverage under your policy. If you fail to do this within 30 days following birth you will be billed for the services we have provided. We do not bill secondary insurance companies for co pays. If we do not receive payment from your insurance company within 45 days from the date of service, you will be expected to pay the balance in full. You are ultimately responsible for all charges. We will bill your insurance company for services that were rendered. We will not bill sick visit instead of a physical because some insurance companies do not cover well exams. Please do not ask us to do so. **If you need assistance or have questions, please contact our Billing Office between 8:30am-5pm Monday –Friday at 508-324-6800 Option 4.**

RESPONSIBILITY FOR MEDICAL CARE:

Every minor child, under the age of 18 must be accompanied by a parent/legal guardian or by an adult who has obtained written consent for treatment from the parent/legal guardian. An exception is an adolescent presenting for confidential services which we are permitted by state law to provide without consent of the parent.

REFERRALS:

If you are enrolled in a managed care insurance plan (HMO) that requires a referral, you must receive that referral from our office before seeing a specialist. This must be done in advance with the referral coordinator and you must allow 5 business days to process your referral. Our referral Coordinator can be reached Monday – Friday 9 AM – 5 PM at (508) 324-6800 X390. Please have the necessary information available when calling (i.e. child's name, dated of birth, phone number, insurance, specialist's name and phone number and why you need the referral).

NO SHOWS / LATE CANCELLATIONS:

Broken appointments are a cost to us, to you and to other patients who could have used the time set aside for your child. Cancellations are requested 24 hours in advance. We reserve the right to charge for missed appointments or late cancelled appointments. Our staff will attempt to call to remind you of the appointment, however the responsibility to keep the appointment is yours. You may be asked to confirm your appointment 2 days in advance. Because Saturday physical appointments are such a premium if they are missed you will not be able to schedule another physical for a Saturday. Missed appointments may result in discharge from the practice.

SCHOOL/ CAMP SPORTS FORMS:

One school/camp/sports form will be provided to you after your child's yearly exam. Keep the original and photocopy it for anyone requesting a health form. If you require the office to provide an additional health form before your next yearly exam, there will be an administrative fee of \$5 to be paid at the time of pick-up. I also give permission to provide the school nurse with a record of my child's immunizations if requested.

I have read and understand **PEDIATRIC ASSOCIATES OF FALL RIVER FINANCIAL POLICY.**

I also agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed, I will also be responsible for the fee charged by the Collection Agency for costs of collections. I certify that the insurance information I have given is correct. I authorize release of any medical information necessary to process a claim. I authorize payment made directly to **PEDIATRIC ASSOCIATES OF FALL RIVER, INC.** I permit a copy of this authorization to be used in place of the original.

CHILD'S NAME: _____

DOB: _____

SIGNATURE: _____

DATE: _____

Patient / Parent / Guardian