



# Twenty First Century Pediatrics, LLC

Dr Susan Sankari MD

## OFFICE POLICY ON FINANCIAL ARRANGEMENTS

Thank you for choosing Twenty First Century LLC, as the healthcare provider for your child(ren). Providing quality medical care for our patients is our primary concern. If you have medical insurance, we will do our best to receive your maximum, allowable benefits. We have wonderful patients and we know that most of you pay your balances but unfortunately this is not the case every time. We need to be sure that patient's responsible balances are paid in a timely manner. In order to achieve these goals and make our relationship with you a positive one, we need your assistance and understanding of our payment policy which is described below:

### PAYMENT AT TIME OF SERVICE, FEES AND COLLECTIONS:

To ensure that we may bill the insurance company in a timely fashion, it is your responsibility to provide us with **YOUR CURRENT INSURANCE CARD AT EVERY VISIT**. It will be reviewed and copied every time you are here for a visit, no matter how frequently you are seen.

**YOUR INSURANCE POLICY IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY.** We do provide your insurance carrier with information regarding your diagnosis and treatment. We will not become involved in disputes between you and **YOUR INSURANCE** carrier. Twenty First Century Pediatrics is contracted with many different insurance plans. **IT IS YOUR RESPONSIBILITY TO CHECK WITH YOUR INSURANCE CARRIER FOR POLICY PROVISIONS AND TO CHECK IF OUR PHYSICIAN IS CONTRACTED WITH YOUR PLAN.** Our physician provides care according to the American Academy of Pediatrics and **NOT** based on what is covered by your insurance Plan. If a claim is rejected because your insurance does not cover the type of service rendered then **YOU** will be responsible for any balance deemed patient responsibility/non payable/non-covered by your insurance and billed accordingly. If your insurance carrier does not provide payment within 60 days after treatment then you will be responsible for payment.

Once we determine your personal financial obligation or after your insurance company reimburses Twenty First Century Pediatrics for a portion of your care, we will mail you (1) statement. **PAYMENT IS REQUIRED UPON RECEIPT OF THE STATEMENT.** Any accounts past due by 30 days will be subject to submission to our collections agency. If your account is placed into our collection process, a collection process fee will be added to your balance, along with any legal fees incurred in this process. **Twenty First Century Pediatrics reserves the right to terminate any patient at this point.**

**AGAIN, IT IS YOUR RESPONSIBILITY TO UNDERSTAND YOUR COVERAGE. THEREFORE, PLEASE EDUCATE YOURSELF AS TO YOUR COVERAGE SO THAT OFFICE VISITS, PROCEDURES, TESTING AND SPECIALIST REFERRALS MAY BE ARRANGED TO THE BEST SUIT YOUR NEEDS.**

**CO-PAYMENT POLICY:**

**COPAYS ARE DUE AT THE TIME SERVICES ARE RENDERED. WE ACCEPT CASH, CHECKS AND ALL MAJOR CARDS.** Twenty First Century Pediatrics is contracted with many different insurance plans. If your plan requires a co-payment, you will be **REQUIRED** to pay us the payment on the date of service. If you are unable to pay the copay amount at the time of service then it needs to be communicated **PRIOR** to arriving to the appointment.

**SELF PAY PATIENTS:**

Full payment is due at the time of service - We accept cash, personal checks, and all major cards.

**MISSED APPOINTMENTS/NO-SHOWS/LATE FOR APPOINTMENT:**

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. Please understand that missed appointments have a detrimental impact on our practice and other patients. They also affect our ability to treat other patients in need of medical care. If you must cancel or reschedule your appointment. Please do so at least 24 hours in advance. Failure to cancel or reschedule an appointment in advance will be considered a no-show. We reserve the right to charge you \$25.00 for any no-show. Payment of the missed appointment will be required prior to scheduling another appointment. Twenty First Century Pediatrics reserves the right to terminate any patient with more than (3) no-show appointments.

If you are **MORE** than 15 minutes late for an appointment, Twenty First Century Pediatrics reserves the right to reschedule your appointment and refuse to see you at the originally scheduled time.

**PARENTAL SEPARATION:**

The person who brings the child in for treatment is responsible for payment of any co-pay or balance. **IF THERE IS A DIVORCE SITUATION, THE PARENT WHO BRINGS THE CHILD TO THE OFFICE IS THE PERSON RESPONSIBLE FOR THE CHARGES. WE WILL NOT BECOME INVOLVED WITH THE PARTICULARS OF YOUR DIVORCE.** We will provide a receipt so that the responsible party can reimburse them. We **WILL NOT** bill third parties for payment of balance due.

**AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize Twenty First Century Pediatrics to : (1) release any information necessary to insurance carriers regarding patient's illness and treatments; and (2) process insurance claims generated in the course of examination or treatment.

**ACKNOWLEDGEMENT:**

I have received the practice's Medical Authorization for Release/Disclosure of Protected Health Information/HIPPA Privacy Notice. If you have any questions regarding your account at any time, please contact our Billing Department. Should you have any other issues, please contact our office manager.

I have read and agree to the terms of this financial policy.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Person Financially Responsible (PRINT)

SIGNATURE: \_\_\_\_\_