CANTERBURY PEDIATRICS

Financial and Practice Policies

Financial Policies:

We appreciate your selection of our practice for your children's medical care. To prevent any possible misunderstandings regarding payment for medical service, we have prepared the following summary of our billing policies.

The parent or guarantor (insured member of household) is responsible for payment for services provided by Canterbury Pediatrics **at the time they are rendered**. Unfortunately, many of our families become involved in divorces/separations. We do our best to provide whatever support we can for the child and the family. However, **divorce/separation** does not eliminate the parents' financial responsibility for the child's medical care. It is our policy that the parent bringing the child to our office is responsible for payment at the time of the visit; regardless of which parent has the ultimate legal obligation to pay for medical care. It is the parents' sole responsibility to settle these financial matters between themselves.

Practice Policies:

- You are responsible to provide us with current and accurate insurance information at every visit.
- You are responsible for any fees incurred if we do not have your current insurance information at the time of service. In addition, you may be responsible for fees if routine services provided are not covered by your insurance.
- If a doctor's name is required for insurance as your Primary Care Provider (PCP), it must be the name of a Canterbury Pediatrics doctor.
- Co-pays **must be paid** at the time of service. This is part of your contract with your insurance company. Failure to do so will result in an additional **$10.00** service charge.
- For sick appointments after 5:00pm weekdays, and Saturday, Sundays and holidays, there is an additional **$50.00** charge billed to your insurance company.
- Well visits not cancelled 24 hours prior to the scheduled appointment time are subject to a **$50.00** charge. Sick visits not cancelled at least two (2) hours prior to the scheduled time are subject to a **$25.00** charge.
- Copies of medical records will be billed at **$0.65** per page.
- Form completion is three to five business days. Form can be completed same day for a **$25.00** fee.

Responsible Party's Statement, Authorization and Assignment of Benefits:

I have read all the above and agree that, regardless of my insurance status, I am ultimately responsible for the balance on my account for any service rendered. I understand that I am financially responsible for all co-payments, deductibles, charges not covered under insurance and the above fees.

Child's Name: _____ **DOB:** _____

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Parent/Guardians Name	**Signature**	**Relationship**	**Date**