

## Westerville Pediatric Specialists, Inc., and Sunbury Mills Pediatrics Financial Policy

Thank you for choosing us as your child's healthcare provider. It is our goal to provide quality care to our patients and their families. Your understanding of our office policies is important to our professional relationship.

Child/Children's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Required at Check-In

- Provide current personal information at each visit
  - Provide a current insurance card at each visit
- Payment of your co-pay, co-insurance, or any deductible
  - Payment of any outstanding balance
- Payment of today's visit if you do not have insurance

### Insurance Plans

Your insurance plan is a contract between you, your employer, and the insurance company; we are not a party to that contract. Please understand that we will bill for all services rendered according to approved CPT Coding Guidelines. This may result in a co-pay/co-insurance/or deductible amount that becomes your responsibility, even for a preventive visit. We will be happy to file your claim(s) with the primary insurance company; all charges are your responsibility from the date that services are rendered. For us to file a claim, you must present a current copy of your insurance card at each visit and let us know of any changes in your personal information.

### Miscellaneous Charges

- **Returned Check Charge** - Non-Sufficient Funds (NSF) checks are subject to a \$45 fee (in addition to fees from your bank).
- **Medical Records/Shot Record Charge** - There is a \$40 fee per patient if you would like a copy of your medical records/shot records sent to a non-physician entity, yourself, or another physician. However, if a collaborating physician or specialist requests portions of your chart to assist in your child's care, there is no charge.
- **Correspondence/Forms Charge** - There is a \$20 fee per patient per correspondence/form i.e., letters, Life Insurance applications, F.M.L.A. and Social Security Disability applications, etc.
- **Collection Fee** - If your account balance becomes 90 days past due, you will be given a 30-day notice. At the end of the 30 days, all portions due (not including insurance pending) will be sent to an outside collection agency. Please note that an additional 30% collection fee will be applied to your balance at this point, and we will be unable to see your children. You agree, for us to provide services for you and your account and/or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or e-mails, using any e-mail address you provide to use. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.
- **Non-Payment of Co-pay Fee** - Nonpayment of your co-pay by the end of the business day on the date of service will result in an additional \$30 charge.
- **Missed Appointment/Late Cancel/Reschedule Fee** - A \$40 fee will be billed when there is a failure to provide a 24-hour cancellation notice of well child appointment and recheck appointment or a failure to provide a 2-hour cancellation notice for a same day scheduled appointment per child. This charge is not covered by insurance and you will be responsible for payment. Our office provides reminder calls for appointments scheduled in advance; this is a courtesy only and has no effect on the financial obligation for missed appointments.
- **Missed Appointment Fee that requires Interpreting Services** - If an interpreter is scheduled and you miss your appointment or fail to cancel 24 hours before the appointment time, your missed appointment fee is subject to the Interpreting Company's fee we incur.
- **Telehealth/Medicine Convenience Fee**-\$60

Printed Name  
3/2022

Signature

Date