

Pine Grove Pediatrics Financial Policy

We are pleased that you have chosen Pine Grove Pediatrics for your children's health care. We are dedicated to providing our patients with the best possible care and service. We need your help to continue. Co-pays are due at the time of service, we do not bill for co-pays. We will be happy to reschedule your appointment if necessary. Whoever is bringing the child that day needs to be prepared to pay the co-pay and any balance on the account.

Insurance

Pine Grove Pediatrics participates with many insurance plans. It is your responsibility to provide us with your correct and current insurance information at the time of your visit. If you fail to present the correct and current insurance information at the time of your visit then you agree to be responsible for 100% of our usual and customary charges for that visit. As part of the evaluation of your child we may send out lab work to an outside lab in your behalf. Without the correct insurance information at the time of the visit, the lab services may not be covered by your insurance policy and the cost of the lab work will be your responsibility.

If we participate with your insurance plan we will gladly file the claims for your primary insurance. By agreeing to the terms of this financial policy, you authorize the release of any necessary information, including medical information, to your insurance carrier to process the claims. In addition you authorize payment of all medical insurance benefits which are payable to you under the terms of your insurance policy to be paid directly to Pine Grove Pediatrics, or to the specific physician at Pine Grove Pediatrics who rendered services. All co-pays, deductibles and payment for non-covered services are due at the time of service regardless of who brings the patient to the office. You are responsible for filing all claims relating to a secondary insurance. We will help provide you with the necessary paperwork to file secondary claims.

The ultimate responsibility for the timely payment of services is yours. If there has been a billing error please notify our office immediately so it can be corrected. Most insurance companies only permit us to file claims within a specific time from the office visit. If we cannot bill correctly in a timely fashion because we have not been provided the correct insurance information you will be responsible for charges.

Payment for Services Rendered

If we do not participate with your insurance, or you do not have insurance, payment in full is due at the time of service unless other arrangements have been made prior to being seen. Currently we accept cash, MasterCard, Visa or checks. There is a \$25 charge for returned checks. Please pay all bills promptly. Outstanding balances are due within 30 days unless other arrangements are made with the office. All balances over 90 days may be sent to a collection agency. You will be financially responsible for all collections and legal fees incurred by Pine Grove Pediatrics in the collection of your delinquent balance. Payments will be applied to the oldest charges first. If you are owed a refund, the refund will only be issued when your account balance is zero.

BY SIGNING OUR PATIENT REGISTRATION FORM YOU ARE AGREEING TO THE ABOVE TERMS. PLEASE BE SURE YOU HAVE TAKEN THE TIME TO REVIEW THIS FINANCIAL POLICY.