

# PEDIOS, LTD

## FINANCIAL POLICY

Thank you for choosing Pedios, Ltd as your child's healthcare provider. We are committed to providing your child with excellent pediatric care and part of what enables that is the payment of your bill for services rendered. The following is our financial policy and billing information – please take time to read it.

It is your responsibility as a guarantor to determine whether or not your insurance company is one of those that we have contracted with. It is always best to call the customer service number of your insurance company to determine if we are a provider, as their websites are not always current.

If we have a contract with your insurance company, we will file your claims for you. However, you are responsible for any remaining balances. Your insurance company may not cover all charges. It is your responsibility to contact your insurance company to determine which charges may or may not be covered. Any non-covered charges will be billed as your responsibility.

Uninsured or non-contracted patients are responsible for payment-in-full at the time of service.

Returned checks for insufficient funds will be billed an additional fee of \$25.

All outstanding balances should be paid within 30 days of service.

All balances which have not been paid within 90 days will be deemed delinquent and referred to collections. All fees related to collection efforts associated with your account will be your responsibility.

### **Assignment of Benefits**

I authorize the providers at Pedios, Ltd to treat my child. I further authorize the release of medical information necessary for the completion of insurance forms. I have checked with my insurance company and have verified that Pedios, Ltd is listed as a contracted provider for my child. I authorize payment directly to Pedios, Ltd for all medical benefits otherwise payable to me under the terms of my insurance. A photocopy of this authorization shall be considered as effective and valid as the original.

### **Appointment Cancellation and No Show Policy**

In order to efficiently care for all of our patients, we request that you cancel your child's appointment no later than 24 hours prior to the appointment time. Pedios, Ltd reserves the right to charge a fee of \$30 for no shows or appointments that are canceled within 24 hours of the appointment time.

### **Medical Record Copying Services**

We reserve the right to charge for medical record copying services. If you pick up your records, the fee will be \$15. If you request your records to be mailed, the fee will be \$20.

Name of Parent/Guardian (Printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_