

Nava Segall MD SC Pediatrics Financial Policy

Please take a moment to review and sign below.

If you have any questions feel free to ask any staff member.

In compliance with the Federal Consumer Protection Act, Nava Segall MD SC Pediatrics wishes to notify you of its policies regarding the financial responsibilities associated with services rendered to you or a member of your household/family.

Insurance: Co-payments are due and payable at the time of the visit. **Requesting to be billed might add administrative charges to your account. Please pay upfront.** As a courtesy to you, we will bill your insurance company, provided we have the correct billing information at the time of service. **If a claim is denied because you have not provided correct information, the charges will transfer to your responsibility. You are financially responsible for charges deemed by the insurance company to be billable to the patient.**

You must be familiar with your coverage and any requirements for prior authorization, deductibles, and limitations on well child visits, lab services, immunizations, and other procedures.

Cash Account: If proof of insurance is not provided, your account will be considered a cash account and **payment in full of all charges will be required at the time of service.** If you subsequently provide verifiable insurance information, and the time frame for billing the insurance has not expired (generally 45 days), we will bill the charges to your insurance company for you. If we then receive insurance payment we will promptly issue a refund to you of any credit on your account.

Billing: The billing statement you receive will show patient balances due, in addition to insurance company payments and pending amounts. Patient balances are due from you upon receipt of the statement.

A **late charge** is assessed on all delinquent patient balances, and we reserve the right to reschedule your appointment until a payment agreement is done with a credit card or balance paid in full. An account is considered delinquent after three months of the Day of Service.

Appointments: Please remember that your appointment time is reserved just for you. Our schedules are full each day and we must leave enough room in our schedule to bring in sick children on the same day. If your appointment is missed or cancelled with less than 24 hour notice, consider that another child could have been seen at that time. We reserve the right to charge a \$ 25.00 cancellation or 'no show' fee. In order to see each patient on time, your appointment may need to be rescheduled if you arrive 15 minutes later than scheduled.

Returned Checks: There is a \$45 returned check fee in the event a patient's personal check is returned to us for any reason.

Signature_____

Date_____