

Doctors' Pediatric, P.C.

Credit and Collection Policy Statement

1. In accordance with our contract with your insurance company, we are obligated to take the co-payment defined by your insurance plan. Co-payment is due at the time of service, if payment is not received within 10 days a billing surcharge of \$10.00 will be applied to your account. This includes any siblings that are added to the schedule at the time of another visit.
2. A \$20.00 fee will be charged to your account for NSF checks that are returned by your bank. After two NSF checks have been returned on your account, we will request payment by cash or credit card only.
3. If a personal balance is due after insurance has responded for a date of service, a statement will be sent to the responsible party. Payment in full is expected upon receipt of first statement. **Please do not disregard any statements you receive from our office.** Please call our billing department if you have any questions or feel there are any errors. A nominal billing fee will be added to each subsequent statement.
4. It is understood that if your account is turned over to a collection agency, you will be responsible for any collection cost that are incurred. **Once an account is sent to collection, a general disengagement policy will take place.**
5. Remember that payment arrangements can be made at any point during this process prior to the account being sent to a collection agency. However, once this step has been taken, we cannot reverse the process of collections nor the disengagement from the practice in general.
6. Our office requires 24 hours notice, excluding weekends/holidays, for cancellations of all appointments. Each family will be given one warning for a late cancellation/no show appointments; thereafter a charge of \$50.00 for a physical examination and \$25.00 for sick/vaccine appointment will be applied to each missed appointment. As a courtesy to our office and to other patients, we ask for as much notice as possible when cancelling any appointment, including sick and follow-up appointments, so that we may be able to accommodate another child.
7. Any visits scheduled after our regular office hours will be billed as such to your insurance company.
8. There is a \$5.00 fee for each camp form processed, fee is payable at time of pick up. All forms to be mailed please include payment and a self-addressed stamped envelope. Forms will be available on the 3rd business day following form drop off. If needed sooner, the fee increases to \$15 per form.

Print Name: _____ Signature: _____ Date: _____

Other authorized person(s) to contact, or speak to regarding billing/insurance issues:

Name: _____ Relationship to Patient: _____

Home #: _____ Cell: _____