

STREETERVILLE PEDIATRICS FINANCIAL POLICY

Thank you for choosing our practice. We appreciate you as a patient and are committed to the success of your medical treatment and care. We are doing everything we can to keep down the cost of medical care, and you can greatly help to reduce the cost of billing to you by paying promptly.

The following summarizes our financial policy:

- We expect payment at the time of service, unless other arrangements have been made in advance. For patients who carry insurance plans that we are contracted with, this includes all applicable deductibles, co-payments, and co-insurance amounts.
- For patients who do not have insurance, or we cannot verify your insurance, payment in full is due at the time of service. Our office offers a prompt pay discount to patients who pay in full at the time of service. Please ask our front office staff about this program.
- We accept cash, personal check (in-state), and Visa or MasterCard payment.
- We charge a service fee of \$20 for returned checks.
- Patients with an outstanding balance that is 60 or more days overdue must make payment arrangements with our billing company before scheduling appointments.

Insurance

It is important for you to understand that you, the patient, are ultimately responsible for payment of medical services you have received. Your participating insurance company is billed as a courtesy to you. We expect you to pay your deductible, co-insurance, and co-payments at the time of service. You are responsible to know what is covered and what is not covered by your insurance plan. If your insurance chooses not to pay Streeterville Pediatrics, for any reason whatever (e.g., non-covered services, does not pay for immunizations), or if your insurance company chooses to delay payment, you are responsible for payment. If your insurance company has not paid us within 60 days of the date of service, we expect you to pay the balance in full.

Proof of Insurance

All patients must complete our patient information form. We must obtain a copy of your driver's license and current, valid insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information at each visit you may be responsible for the balance of a claim.

Co-payments and Deductibles

All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Co-payments will be collected at patient check-in. A \$20 billing fee may be added to accounts each time a co-payment is not made at the time of service.

Non-Covered Services

Please be aware that some, and perhaps all, of the services you receive may be non-covered or not considered "reasonable" or "necessary" by your insurer. A medical benefit is something that your insurance plan has agreed to cover. Your insurance company's choices as to what is "covered" may mean that the test, immunization, or service you need isn't covered by your policy. It is your responsibility to understand the terms of your individual insurance plan and the services which are covered, not covered, or limited. You may be responsible for payment of any services considered non-covered by your insurance plan.

Non-Contracted or Commercial Plans

If you are not insured by a plan we are contracted with, payment in full is expected at each visit. We will prepare and send a claim as a courtesy for you. Knowing your insurance benefits and which medical providers are found in your insurance network is your responsibility. All out of network charges are your responsibility at the time of service. Please contact your employer or insurance company with any questions you may have regarding your coverage.

Statements

Statements are mailed on a monthly cycle. Payment in full is due within 25 days. Accounts with balances remaining after receiving two (2) statements are considered overdue. If your account is 60 days past due, you will receive a letter stating you have 15 days to pay your account in full. You may receive a second letter if the balance remains unpaid. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency. When an account is referred to a collection agency the agency fee will be added to the outstanding balance. The agency fee is 25% of the outstanding balance.

Making Appointments With a Delinquent Account

Patients with accounts overdue by 60 days or more, may not be given the opportunity to set up an appointment. If an appointment is needed, it is expected that full payment of any outstanding balance and the fees for services that day be over the telephone when scheduling your appointment.

Copies of Medical Records

As allowed by law, there is a charge for copying medical records; cost is based on the length of the record. This fee includes the preparation, copy charge, as well as the keeping and storage of records (for 26 years).

ACKNOWLEDGEMENT

- I agree that I have read and understand the financial policy for Streeterville Pediatrics.
- I agree to assign insurance benefits to Streeterville Pediatrics whenever requested.
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Name (Print) _____

Signature _____

Date _____