



Financial Policy

Pediatrics in Brevard strives to provide high-quality, cost-effective health care. To do this, we need your full commitment to our financial policy.

Bring to every visit:

- *Current health insurance card
- *Photo ID
- *Updated demographics
- *Payment in the form of Cash, Check, or Credit Card.

Insurance:

- *Knowledge of your health insurance benefits, and financial responsibility is your responsibility.
- *Your insurance company may need you to supply certain information directly, such as Coordination of Benefits, please comply with their request.
- *If your insurance requires you to choose a primary care provider, a Pediatrics in Brevard provider must be on file, otherwise your appointment will be rescheduled.
- *Contact your insurance if your claims are denied in error.
- *If claims are denied or unpaid, the balance is now patient responsibility. It is your responsibility to pay the claim first then continue to pursue your insurance company to pay the claim.

Medicaid:

- *A Pediatrics in Brevard provider must be on file as your Primary Care Provider with your Managed Care Plan, otherwise your appointment will be rescheduled.
- *Commercial insurance is primary to Medicaid plans.

Newborns: Insurance carriers generally allow 30 days to add newborns to the parent's policy. It is your responsibility to contact your insurance carrier or Human Resources to add your newborn ASAP. Any newborn without active coverage at 30 days old, will be considered self-pay/uninsured. See next section, Self-Pay/Uninsured, for details.

Self-Pay/Uninsured:

Prompt pay discounts will be offered on the day of service for payment in full. **A credit card on file is required.** A deposit of \$200/well visits and \$150 per sick visit will be expected at Time of Service for all encounters without a credit card on file.

Credit Card on File:

A credit card on file is required, which may be used later to pay any balance that may be due on your account. You will receive an email advising you of the amount due 5 days prior to the charge being made. A deposit of \$200/well visits and \$150 per sick visit will be expected at Time of Service for all encounters without a credit card on file.

After Hours Visits:

Our offices may offer extended hours for sick and urgent care when warranted. Appointments scheduled on Saturdays, Sundays, all federal holidays, and after 5pm on weekdays will include an after-hours charge for this availability of care.

Missed Appointments:

Appointments canceled **without** a 24-hour advance notice will incur a \$75 missed appointment fee. Patients who continue to miss appointments may be asked to transfer their records to another practice.

Past Due Balances:

Further scheduling may not be permitted with an outstanding balance. Payment plans are available to avoid collections. However, failure to adhere to the plan will result in automatic collection proceedings. If we refer your account to a collection agency, the providers of Pediatrics in Brevard will no longer be able to provide medical care to your child. All accounts sent to the collection agency will be reported to the Credit Bureau.



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Bankruptcy:

Should your account balance become uncollectable due to bankruptcy, we will continue to see your child on an emergency bases for the next 30 days, giving you time to find a new medical provider.

Ledgers:

There is a \$10 fee to receive a copy of your account, payment history, etc. The fee is due prior to receiving the ledger.

Divorce/Separation: In case of domestic separations or divorce, please advise the staff to obtain a Domestic Separation Agreement. The custodial adult will be responsible for all fees for services rendered, independent of insurance coverage and/or a divorce decree. It is this adult's responsibility to collect from other parties.

Out of Network:

Payment in full is expected at the time of service. Further scheduling will not be permitted with an outstanding balance.

I have read all items contained in this Financial Policy and understand I am ultimately responsible for paying any charges incurred at Pediatrics in Brevard.

Patient's Name: _____

Patient's DOB: _____

Parent's Signature: _____

Parent's Name: _____

Date of Signature: _____