Financial Policy

It is the policy of this office to help keep your health care costs as low as possible. In order to do this, we need to keep our billing costs to a minimum. Please help us in the following ways:

- Bring your current health insurance card to **every** office visit.
- Notify us of any changes in insurance, address, phone #, etc.
- Pay your copay or deductible at the time of service; or if you do not have insurance, please come prepared to pay for your visit in full.
- Double check with your plan as to the participation status of Pediatrics in Brevard. Please understand you are responsible for verifying this information with your carrier.
- Verify coverage limitations prior to appointment date.

Insurance Release: This is to certify that I have been informed that my health plan may not be liable for service rendered if any of the following conditions apply:

- I may have a preexisting condition or other diagnosis that may not be covered by my plan.
- Provider not participating in my health plan.
- Unmet deductible under my health plan contract.
- Services may not be covered under my health plan.
- Well check-up, immunizations, as well as other routine services may not be covered by some insurance plans. Please check with your insurance carrier if you are not sure if routine services are covered. If immunizations are not covered by your insurance plan, please advise the nursing staff, ***prior to receiving vaccines***, to receive lower cost state funded vaccines.

Secondary Insurance: Pediatrics in Brevard ***does not*** file secondary insurance, this includes Medicaid and Medicaid Managed Care/MMA plans. (_____) You will be responsible for all copays, deductibles, coinsurances, etc., that apply to your primary insurance, at the time of service.

Co-Payments: We are required by our insurance contracts to collect all applicable copays at the time of service. ***If the co-pay is not paid at the time of service, a $25 copay fee will be assessed. This is in addition to a statement fee if applicable.*** ***(_____)***

Payment Options if you are Uninsured or Out of Network: Well child visits and vaccines must be paid in full at the time of service. Down payments for office visits will be collected at Check-in. You must also stop at check-out/billing window to pay the remainder of the charges, if applicable. If payment cannot be made in full at the time of service, a budget agreement can be made, prior to the visit, to have the service paid within 90 days with the 1st payment payable the day the service is rendered.

Monthly Statements: If you have a balance on your account, we will send you a monthly statement. Unless other arrangements are approved by us, the balance on your statement is due and payable when the statement is issued, and is past due if not paid by the end of the month. If you are unable to pay the amount due or if you disagree with the billed amount, contact our billing department immediately. **There is a $10 monthly statement fee for any balance over 30 days. (_____)**

Past Due Accounts: If your account becomes past due, we will take the necessary steps to collect this debt. **If we refer your account to a collection agency, you agree to pay all of the collection cost which are incurred. (_____)** If an account is referred to a collection agency, due to non-payment, the providers of Pediatrics in Brevard will no longer be able to provide medical care to you. In this case, you will be notified of this by certified mail and given adequate time to find a new medical provider. All accounts sent to the collection agency will be reported to the Credit Bureau.

Returned Checks: There is a fee (currently $30) for any checks returned by your bank.

After Hours Visits: Our Rockledge and South Melbourne offices may have extended hours for *sick and emergent care when warranted*. Please be advised that there is an additional fee for these visits. Any office visit scheduled on Saturdays, Sundays, or any holiday (Federal holidays included) will be considered extended hours.

PEDIATRICS IN BREVARD

Financial Policy

Ledgers: There is a fee (currently $10) if you are needing a print-out of your account, for payment history, etc. The fee is due prior to receiving the ledger.

Automobile Accident Claims: If your child is involved in an automobile accident, s/he must first be evaluated at a hospital ER. If your child requires follow up care with his/her primary care provider, we will provide this service, however, the visit is considered out of network as we do not have a contract with auto insurance companies. **These visits must be paid in full at the time of service.**

Missed Appointments: If a patient repeatedly misses scheduled appointments, without notice, a fee of **$50 will be charged**. (_____) Patients who continue to miss further appointments may be asked to transfer their records to another provider outside of Pediatrics in Brevard.

Transfer of Records: You will need to complete the authorization to release records form, which can be obtained from our office. This form needs to be complete in its *entirety* in order for us to process the request. All balances should be paid before records are transferred.

Divorce: In case of divorce or separation, the parent or individual with whom the child resides, will be the parent responsible for all fees for services rendered, independent of insurance coverage and/or what a divorce decree may state. It is that parent's responsibility to collect from the other parent.

Newborns: Most insurance carriers require a newborn be added to the parent's policy within 30 days. You are fully responsible for any fees incurred if your newborn is not added within the allotted time. You may receive a statement within that time if we have not received verifiable insurance information. Please contact the billing department once you have received your newborn's active insurance information.

Effective Date: Once you have signed this agreement, you agree to all of the terms and conditions contained herein, and the agreement will be in full force and effect.

This is an agreement between Pediatrics in Brevard, as the creditor, and the Patient as debtor, named on this form. In this agreement, the words "you", "your", and "yours" mean the debtor. The word "account" means the account that has been established to your name to which charges are made and payments credited. The words "we", "us", and "our" refer to PIB.

I have read this Financial Policy as outlined above and on the front side of this page, and understand that I am ultimately responsible for the charges incurred.

Patient's name:_____

Patient's DOB:_____

Parent's Signature:_____

Date of Signature:_____

revised: 11/18