PEDIATRIC ASSOCIATES AT ARGYLE, P.A.

FINANCIAL POLICY

We are committed to providing you with the best possible care. If you have medical insurance, we wish to help you receive your maximum allowable benefits. To achieve this, we need your understanding of and assistance with our financial and payment policy.

Appointments:

1. Appointments must be canceled at least 24 hours in advance. It is important that you call and reschedule or cancel your appointment so that we may serve the many children we see every day.
2. **No Show Policy** states that the patient/s is discharged from our care after SEVEN (7) No Shows within a year. For new patient (< a year), they are only allowed to have 2 missed appointments in a year. No Show **fee** of $20.00 may apply for each missed appointment. (Per Florida Medicaid policy, patients cannot be billed for missed appointments.) Please help us serve you better by keeping scheduled appointments. Multiple missed appointments may result in dismissal from the practice.
3. If you are late for your appointment (>15 minutes), we will do our best to accommodate you. However, on certain days it may be necessary to reschedule your appointment.
4. We strive to minimize any wait time; however, emergencies do occur and will take priority over a scheduled visit. We appreciate your understanding.
5. Before making an annual physical appointment, check with your insurance company as to whether the visit will be covered as a healthy (well-child) visit.

Insurance Plans:

1. It is your responsibility to keep us updated with your correct insurance information. If the insurance company you designate is incorrect, you will be responsible for payment of the visit and to submit the charges to the correct plan for reimbursement.
2. If we are your primary care physician, make sure our name or phone number appears on your card. If your insurance company has not yet been informed that we are your primary care physician, you may be financially responsible for your current visit.
3. While the filing of insurance claims is a courtesy that we extend to our patients, all charges not covered by your insurance company are your responsibility.
4. It is your responsibility to understand your benefit plan with regard to, for instance, co-insurance and deductible amounts, covered services and participating laboratories. For example:

    a. Not all plans cover annual healthy (well) physicals, sports physicals, or hearing and vision screenings. If these are not covered, you will be responsible for payment.

    b. For children younger than 2 years, there is a limit as to the number of allowable well visits per year. If the number of visits is exceeded, your insurance company will not pay; you will be responsible for payment.

5. It is your responsibility to know if a written referral or authorization is required to see specialists, whether preauthorization is required prior to a procedure, and what services are covered.

Referrals:

1. Advance notice is needed for all non-emergent referrals, typically 3 to 5 business days.

2. It is your responsibility to know if a selected specialist participates in your plan.

3. Remember, we must approve referrals before they are issued.

Financial Responsibility:

1. According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances. Payments will be collected at time of service. Any patient account balance owed will be collected.
2. For self-pay or patients with no insurance, full payment is required at the time of service.
3. For patients with HMO plans, co-payment is required at the time of service. The amount of co-payment varies with different plans. You are responsible for knowing the co-payment amount and primary care physician listed on each child's card.
4. For patients with PPO plan, payment is required at the time of service until the new year's deductible has been met, if applicable. After that, we require co-payments or your liability to be paid at the time of service.
5. Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits (EOB). Your remittance is due within 15 business days of your receipt of your statement.
6. Bills unpaid for more than 90 days may be turned over to a collection agency unless other arrangements have been made. You may call our Billing office to discuss payment plan options.
7. For scheduled appointments, prior balances must be paid prior to the visit.
8. A $30 fee will be charged for any checks returned for insufficient funds.

I have read and understand this office financial policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.

Patient Name:____

Responsible Party Member's Name: ________________________ **Relationship:** ______________

Responsible Party Member's Signature: ______________________ **Date:** _____________________