FINANCIAL POLICIES

Revised 12-1-2012

We are pleased to serve you as your health care provider and are committed to your child's good health. Please understand that payment for our services is considered a part of your treatment and your obligation to us. The following is a statement of our Financial Policies which we require you to read and sign prior to treatment.

Bloomingdale Pediatric Associates
Valrico, FL

All patients must complete our Family Registration form before seeing the doctor.
FULL PATIENT PORTION PAYMENT IS DUE AT THE TIME OF SERVICE.
WE OFFER AN EXTENDED PAYMENT PLAN WITH PRIOR CREDIT APPROVAL.

All Payments Due at Time of Service

INITIALS The office maintains a pay at time of service policy. If a balance accrues at any time, it is your financial responsibility to arrange ahead of time to transfer copayments, coinsurance amounts, and deductibles to the parent who brings the child to the office. You need to know your insurance policy in advance to know the portion of your visit for which you will be responsible. Unpaid balances where the office must send a statement requesting payment will accrue a statement fee of $5.00 per statement for postage and/or an annual fee of $25.00. If our office is forced to utilize an outside collection agent or attorney to collect an outstanding balance, we will add an additional collection fee of 40% up to $150.00 to your account. If court fees accrue, you will be responsible for these as well. If your account accrues a credit balance, we will maintain that balance on your account and apply it to any future balance which may accrue. If a credit balance exceeds $30.00, we will refund the credit balance by check to the address on your account. Small credit balances carried forward for more than two calendar years will be adjusted. These policies are designed to comply with the Fair Debt Collection Practices Act and any applicable state laws.

Regarding Insurance

INITIALS Regarding insurance plans where we are a participating provider, all copayments and deductibles are due prior to treatment.
We cannot bill your insurance company unless you give us timely clear and accurate insurance information. Your insurance policy is a contract between you and your insurance company—we are NOT a party to that contract. In the event we do not accept assignment of benefits, we require that you be pre-approved on an extended payment plan or provide a credit card with authorization to bill that account for any balance due. **If you have new insurance or change insurance plans, you must provide us with clear and accurate insurance information within 30 days of your visit for your insurance to be billed. If information is provided after 30 days, you will be responsible for any visits that may have occurred**. If your insurance company has not paid an office visit within 60 days, the balance may be automatically transferred to your account and you can utilize an extended payment plan. Effective 8-1-2005, our policy has changed to no longer file secondary insurers. Please ask for a copy of your visit to submit to any secondary carriers for your reimbursement.

Statements

INITIALS We will send a statement should you have a balance with our office. If no payment is received within 30 days, an additional statement may be mailed. You will accrue late charges and postage charges for additional statements. Though we will try to remind you at each visit of any balance, it is ultimately your responsibility. When you receive an explanation of benefits from your insurance company showing any patient responsibility, you have received your first statement. Statements for copayments or deductible amounts will automatically accrue late and postage charges. There will be an additional $35 charge for checks denied by your bank and returned to the office for any reason.

Minor Patients

INITIALS The adult accompanying a minor and the parents (or guardians) of the minor are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan or payment by cash, check, or credit card has been provided at the time of service.

Divorced Parents/Legal Custody issues

INITIALS The adult accompanying their child to our office for an appointment is responsible for payment. Arrangements for court orders or any legal payment arrangements amongst parents must be worked our BEFORE your appointment. If a separate parent is responsible for payment, we are not a party to this arrangement. Payment is due in full at the time of appointment, and we will prepare receipt of payment for verification purposes. The best way to avoid this issue is for both parents to come to each visit. Similarly, if a parent is not present for an appointment and requests a phone call to discuss appointment-related information, our office will request that parent make an appointment with the provider to discuss the information.

Appointment Reminders and Missed Appointments

INITIALS Your signature authorizes us to attempt to contact you 24 hours prior to your child's appointment with our office. We are not able to guarantee a reminder call for each visit, but we will certainly try. If you do not wish reminder calls, please notify our office in writing.

Unless canceled AT LEAST 24 HOURS IN ADVANCE, our policy is to charge the person who scheduled the appointment for missed appointments at the rate of $50.00. Missed Saturday morning appointments are charged at a rate of $75.00. Please help us to serve our entire patient population best by keeping scheduled appointments. Patients who miss three or more appointments without notice may be dismissed.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I have read, understand, and agree to this Financial Policy:

_____ _____

Signature of Parent or Guardian Signature of Parent or Guardian

Date _____ Date_____