Park View Pediatrics Financial Policy

Thank you for choosing Park View Pediatrics for your children's healthcare. To achieve our goal of providing outstanding care and maintaining a good provider-family relationship, we ask that you **carefully read and sign** our financial policy prior to any appointments.

Insurance Cards: A **current** insurance card must be presented at all appointments You are responsible for providing complete insurance and contact information for accurate claims filing.

Co-payments: Co-payments are a contractural obligation with your insurance company. You are required to pay all co-payments at the time of service.

Deductibles/co-insurance: You are responsible for checking with your insurance plan regarding any deductible amounts that apply or any co-insurance amounts you may owe.

Self pay: If you have no health insurance, the payment for the visit is due in full at the time of service.

Insurance coverage: Your insurance policy is a contract between you and your insurance company. Therefore, it is ultimately **your responsibility** to know what your insurance covers and if Park View Pediatrics is in network with your company. As a courtesy to our patients, we will bill the insurance policy on file for your visits. Any services determined not to be covered by your plan will become your responsibility.

Balances: You will receive a statement for any outstanding balances not paid by insurance. For scheduled appointments, prior balances must be paid at the time of the visit. If there is a balance outstanding for more than 30 days after receipt of a statement, you will not be able to schedule appointments until payment is made in full. If you cannot make a payment in full, please contact the billing department to discuss your account.

Cancellation/missed appointments: A $75.00 fee will be charged for no show appointments and cancellation with less than 24 hours notice. Excessive no show or canceled appointments may result in being dismissed from the practice. If you arrive late for you appointment, we reserve the right to have you reschedule as a courtesy to our other patients.

Collections: In addition, should my account become delinquent and assigned to a collection agency, I agree to pay an additional collection charge of 35% of the outstanding balance or a minimum of $40.00 whichever is greater to offset in part the collection agencies fee charged to this practice. Should legal action be initiated by the collection agency, I agree to pay a collection charge of 50% of the outstanding balance as well as all costs and reasonable attorney fees incurred in such collection efforts by this office or our assignee.

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Parent/Guardian Signature

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Date