2115 S.E Lennard Rd
Port St. Lucie, FL 34952
phone: 772-335-1812

Patient and Family Financial Responsibility Policy.

Thank you for choosing us as your child's health care provider. We strive to provide the very best care for you and your family. It is important for our patients to understand their financial responsibilities.

Please make sure you bring your current insurance card to every appointment. We will ask you at each appointment about your current telephone number and address so that we have the correct contact information. For newborn babies, please make sure that you add them to your primary insurance plan in the first 30 days of their life. A newborn baby's initial visit to our office is typically considered a hospital follow up visit/well exam. If you have a secondary insurance, please inform us and your insurance company.

Claims and Payments

As a courtesy, Tender Care Pediatrics will submit claims to your insurance carrier for services provided. However, please note that you are financially responsible for:

- Any co-payment required by your insurance plan
- Any annual deductible that has not been met
- Any amount your insurance carrier deems your responsibility (Co-Ins)
- Any amount not covered by your insurance plan
- Any amount due following a termination of insurance coverage prior to your visit

Most insurance companies do not require a copay for a well visit exam. **However, if an acute or chronic medical problem is addressed during this visit, there will be an additional charge that may require a copay and it may be applied to your deductible.**

Payment Expectations

Payment is due at the time services are rendered unless prior arrangements have been made with our billing team. We accept Checks, VISA and MasterCard.
If you have no insurance, or if we are not able to verify your insurance eligibility, we ask that you pay for the visit at the time of service.

Missed Appointments and Cancellations.

A "No Show" fee of up to $25 may be applied if you miss an appointment without giving at least 24 hours' notice of cancellation. This fee is not billable to insurance and will be charged directly to you. **This fee is not applicable to members covered under a Medicaid Plan.** Any patient or family who miss too many appointments will be discharged from the practice.

Billing and Collections

Our billing staff will submit the bill for your appointment with your insurance company. For any patient balance due for more than 90 days, $5 per month will be charged to your account until the balance is paid off. This is to cover the cost of sending additional bills and statements. If a check is returned because of insufficient funds, you will be charged a $25 fee to cover the bank costs. If there are two returned checks, you will have to pay by cash or credit card.

If you do not currently have insurance coverage, we can offer a Self pay discount on the appointment charge if it is paid at the time of appointment. Please inform us when you arrive for that appointment that you do not currently have insurance.

If you are unable to pay your balance in full, please contact our billing department. We may be able to set up a payment plan to help you. Unfortunately, if an account balance is unpaid over a prolonged period of time you will be sent to a collection agency, and we will no longer be able to provide care to your child and family. If you are sent to collections, a charge of 30% of the balance will be added to your account to cover the costs of the collection agency.
If you declare bankruptcy and list our practice as a creditor, we will no longer be able to provide care to your child or family.

Medical Forms.

No charge for Health/Immunization Forms requested at time of well visit; Additional copies are available at no charge via your patient portal. $5 fee for additional printed copies of health/immunization forms requested at times other than at well visit appointment.

Medical Records.

To obtain a copy of your or your child's medical records, we will need a signed medical records release form. No charge for medical records sent via fax to another physician's office. Printed copies of medical records provided to patient are charged based on current Florida guidelines ($1 per page for the first 25 pages and $0.25 per page for each page in excess of 25 pages). The fee must be paid at time of receipt. If the patient is over the age of 18 we will only release the records to the patient unless there is a written permission to release to other individuals.

I hereby assign my insurance benefits to be paid directly to Tender Care Pediatrics. I authorize Tender Care Pediatrics to release medical information required to process my claims for services received. I also authorize Tender Care Pediatrics to pursue any unpaid or incorrectly adjudicated claims.

I have read and understand the financial policy of the practice and agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time *by the practice.*

Patient Name (Please print): _____

Signature of Parent/Guardian: _____

Date: _____

Effective 2/15/2025