



Financial Policy

10301 Georgia Ave. #106
Silver Spring, MD 20902

2301 Research Blvd. #115
Rockville, MD 20850

Your signature at the bottom is to acknowledge receipt, consent and understanding of our policies. You agree to abide by these policies. Refusal to sign this policy does not excuse you from being held to these rules.

You must present your insurance card and any change in address/phone numbers at each appointment to ensure proper billing of your claims. Failure to provide may result in the patient having to pay for these services at that time or being billed at a later date.

The patient/parent/guardian is responsible to pay for any and all charges that your insurance company does not cover such as deductibles, co-pays and non-covered services, which are payable at the time of service.

Balances Due: If a balance remains unpaid prior to an appointment, the patient will be required to pay the balance prior to being seen. In the event a balance goes unresolved for more than 90 days, your account will be sent to collections and the parent/guardian will be responsible for reasonable costs associated with the collection agency, attorney fees and/or court costs. We reserve the right to charge interest on balances that require multiple bills being sent or balances that remain outstanding more than 28 days.

Phone/Video Conferences: We will bill your insurance company for some phone consults and video calls taking place with a physician during regular office hours and after hours. You will be responsible for the balance if your insurance does not cover this charge or if copay/deductibles apply.

No Show Policy: Failure to give 24 notice of cancellation of an appointment or no-showing an appointment can result in a charge of \$55-\$165 on the patient's account. The fee is subject to change. This charge cannot be billed to the insurance company. Failure to pay a no-show fee will be treated according to our policy on unpaid balances.

Assessment Forms: If your insurance does not cover these forms you will be billed \$15 for any assessment forms including, MCHAT, Ages and Stages and Vanderbilt, Anxiety forms in which our physicians score and assess the results of those forms.

Routine Exams with Additional Services: During your well child exams, there are times where additional charges may be warranted because the scope of services goes beyond what is considered routine for that well child exam. We will bill your insurance company for these charges, but additional copays, deductibles, and fees may apply. This includes but is not limited to vision and hearing screenings, ADHD visits, acutely ill diagnoses, etc.

Letters: There will be a \$20 charge for any letters required to be written by our providers including but not limited to special school accommodations, medical necessity, etc.

After Hours: Telehealth visits done after hours or on weekends are subject to additional charges. If it is outside of telehealth hours and you call the nursing triage service a charge of \$40 will be billed to the patient. This does not get billed to the insurance.

I have read and understand the policies outlined above. I understand that this list is not all inclusive and that my insurance is charged for any and all services provided and deemed necessary at the time of the visit and I agree to pay for charges my insurance does not cover.

Patient/Parent/Guardian

Date