FINANCIAL POLICY

Thank you for choosing Island Pediatrics as your child's health care provider. It's vitally important to our professional relationship that you have a clear understanding of our financial policy. Please take a moment to review. We require that you **read, agree to and sign** our financial policy prior to any treatment.

CONTRACTED INSURANCE, CO-PAYMENTS, CO-INSURANCE AND DEDUCTIBLES

Island Pediatrics participates with insurances that are contracted with VI Equicare, Inc. and files all claims incurred from your visits. All claim rates are set by VI Equicare.

Co-insurance and co-payments are your responsibility and **are payable at the time of service** per your contractual obligation with your insurance company. We are contractually obligated to collect these co-payments at the time of service and we will bill and collect in full any amount incurred per visit until your deductible is met. Payment on your deductible is due within 30 days.

NOTE: Each patient is responsible for knowing his/her plan benefits package, co-payment, co-insurance coverage, deductibles and non-covered services and restrictions.

SECONDARY INSURNACE

Secondary insurance does not necessarily mean that your services are covered 100%. We will bill your secondary carrier as a courtesy. You are responsible for any remaining balance after your insurance has settled your claim.

NON-CONTRACTED INSURANCES

If your insurance is not contracted through VI Equicare, payment in full is expected at the time of service (if your employer or spouses employer is from outside the Virgin Islands, it's possible we are not contracted with your insurance). Upon request, we can provide you with a claim form for filing with your insurance company. To verify if your insurance is part of VI Equicare, you can call the customer number on the back of your card.

NO INSURANCE/SELF PAY

Full payment is due at the time of service. If you are unable to pay your balance in full, please make arrangements with our billing department prior to your scheduled appointment by calling 340-202-1997, or emailing at billing@islandpediatricsvi.com. Failure to make prior arrangements for payment will result in a service charge fee of $30.00 (see Payment/Service Charge Fees section below).

CHANGE OF INSURANCE INFORMATION

You must notify us if there are any changes to your insurance policy such as a cancellation of coverage, change of policy ID our group numbers or a change in insurance companies. If we are unable to file claims due to misinformation/policy change, you will be financially responsible for the claims.

PAYMENT/SERVICE CHARGE FEES

Statements are sent out monthly via mail. Please be sure when you register with us that you give us your mailing address, not your physical address. We accept cash, bank certified check, debit and credit cards, PayPal and Venmo.

If you have no Insurance and are paying the Self Pay Rate, there is a service charge fee of $30.00 if the balance isn't paid by end of that business day. If you owe an outstanding balance and no payment plan is in place, new appointments will not be scheduled until payment is made. **There will be a $50.00 service charge for all returned checks.**

Any outstanding balances are due within 30 days. If you are experiencing circumstances out of your control, please call our office and we will be happy to make a payment plan. All accounts with unpaid balances over 60 days will be assessed a $30.00 monthly statement fee.

Thank you for reading through our financial policy. If you have any questions or concerns, please feel free to discuss them with our billing department at 340-202-1997, ext. 202.

I have read and fully understand the Financial Policy of Island Pediatrics.

Patients Name: _____ Date of Birth: _____

_____ Date: _____

Signature of Parent/Guardian Who is Financially Responsible for Patient

_____

Printed Name of Parent/Guardian