PREMIER PEDIATRICS
beverly hills

FINANCIAL POLICY

Thank you for choosing Premier Pediatrics Beverly Hills as your child's medical home. We are committed to providing the highest quality comprehensive care for your child. The purpose of this document is to ensure that you are fully informed regarding our financial policies. Should you have any questions or need any clarification, please do not hesitate to ask a member of our office staff.

Please understand that your insurance policy is a contract between you and your insurance company. As a service to you, we will request payment from your insurance company. This requires having accurate and up-to-date insurance information on file, so please notify us of any changes to your policy. Once your insurance company has processed the claim, you are responsible for any remaining balance. Patient responsibility includes co-payments, co-insurance, and deductible amount and is determined by your contract with the insurance company.

- **Co-pays and any outstanding balances will** be collected at the time of service.
- We will always provide your child with, what we consider the best and most up-to-date medical care, some insurance plans limit coverage of procedures and services in order to control their costs. As a result, certain services we may provide for your child may not be reimbursed by your plan. Except as provided by your insurance contract or by state law, you will be responsible for all **non-covered services**.
- **If you believe your insurance company** has made an error in processing a claim, we ask that you contact your insurance company as soon as possible. If your company determines that an error has been made, please contact our billing staff so that we can resubmit the claim.
- **Outstanding charges** are due upon receipt of the first billing statement. For outstanding charges not paid within 90 days, we reserve the right to discontinue scheduling well visits. Outstanding charges not paid within 120 days will be sent to our collection agency and may be reported to the major credit bureaus. Once an account has been sent to the collection agency, care in our office will be discontinued for all family members.
- **If you are experiencing financial difficulties,** please contact our billing department to discuss installment payments. A regular monthly payment schedule can avoid collection procedures and enable continuation of care in our office.
- **Additional issues** addressed at well check appointments may need to be reported and billed separately. Your company may require that a separate co-payment be paid for additional services provided at the visit.
- There is a $50 **late cancellation/no show** charge for appointments canceled with less than 24-hour notice.
- **Checks returned for insufficient funds** will result in a service charge of $35 being added in addition to the original billed amount.
- **Saturday** appointments will be billed an after-hours fee to cover overtime staffing expenses. If your insurance company does not cover this fee, you will be responsible for payment.
- **Annual Comprehensive Family Plan** will be provided under separate cover.

Susan Schreiber, MD | Michael Sachs, MD | Lisa Hauselman, MD | Nicole Nourmand, MD| Lauren Meepos, MD

8907 Wilshire Boulevard, Suite 250, Beverly Hills, California 90211 | ph: 310.247.8687 | fax: 310.859.9131 | www.premierpedsbh.com