



1114 Bell Shoals Rd  
Brandon, FL. 33511  
Phone (813) 940-8140  
Fax (813) 940-8148

## FINANCIAL POLICY

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Thank you for choosing **Kids' Corner Pediatrics** as the health care provider for your children. We are committed to the care and treatment of your children. This financial policy is an important part of your child's care. Due to increased insurance company demands we ask you to read and agree to the following policy.

We accept a wide range of insurance plans. However, all policies have different benefits, and we cannot know the specific details of each individual policy. **It is your responsibility** to know your individual policy and to verify all benefits and coverage information prior to having any services rendered. Also, you must notify us of any changes to your insurance plan or policy, **prior to your visit**.

### Copays and Deductibles

Contracting with health insurance companies requires us to collect co-pays and deductibles. **Your copay and deductible are due at the time of service** regardless of who brings in the child for the appointment. Grandparents, family friends, divorced parents, etc. must be prepared to make copays and deductibles even if they are not the account guarantor. We accept cash, Visa, Mastercard, and Discover.

### You will be responsible for payment for the following reasons:

1. You do not have insurance.
2. You are insured by a company or a member of a plan with which Kids' Corner Pediatrics is not contracted.
3. Your child receives a service that is not covered by your policy. For example, some plans do not cover certain immunizations.
4. Your insurance company denies your claim for any reason that is not resolvable.
5. You cannot verify that you have insurance at the time of your appointment.
6. You did not provide us with updated insurance information resulting in claim denial due to filing deadlines.

A \$30.00 fee will be applied to your account for all returned checks.

### Separated/Divorced Families

For those families where parents are separated or divorced, the parent who brings the child in to be seen and authorizes treatment is responsible to us for payment. All payments are due when services are rendered. If the divorce decree requires the other parent to pay all or part of the treatment cost, it is the responsibility of the authorizing parent to collect payment from the other parent. Kids' Corner Pediatrics will not act as mediator in collecting our payments. If the account is not resolved in a timely manner, the authorizing parent's information will be submitted to our collection agency.

### Timely Payment

In the event that you have a balance on your account, you will receive a statement. Payment is due upon receipt. If the balance is not paid or payment arrangements are not made within 90 days your account will be turned over to our collection agency. A 25% collection fee will be added to the balance. Furthermore, Kids' Corner Pediatrics will not see your children for appointments until the balance is paid in full.

### Missed Appointments

Kids' Corner Pediatrics requires a 24 hour notice to cancel an appointment. If you miss an appointment, you will be charged a \$25.00 fee.



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I have read and agree to the Kids' Corner Pediatrics Financial Policy.

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|-------------------------------------------|--------------|------|
| Signature of Patient or Responsible Party | Relationship | Date |
|-------------------------------------------|--------------|------|

I authorize release of any medical information to my insurance carrier necessary for processing of claims.

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|-------------------------------------------|--------------|------|
| Signature of Patient or Responsible Party | Relationship | Date |
|-------------------------------------------|--------------|------|

I authorize payment of medical benefits directly from my insurance carrier to the treating physician for services provided.

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|-------------------------------------------|--------------|------|
| Signature of Patient or Responsible Party | Relationship | Date |
|-------------------------------------------|--------------|------|