LPA Financial Policy 2021

Welcome to Lansing Pediatric Associates. Please review the following information concerning the payment and billing procedures for the services you will receive at our practice. We are providing this information for you, to make you aware that **you are ultimately responsible** for all charges and payments for services here at Lansing Pediatrics. For your convenience, we accept cash, personal check, American Express, VISA and MasterCard. We do not participate with Care Credit.

It is your responsibility to provide us with your current insurance information, contact information and complete social security number. Our physicians participate with many insurance plans and preferred provider networks. Please verify with our office and **with your insurance carrier** that your physician is a participating member of your medical plan. It is your responsibility to present your insurance information to Lansing Pediatric Associates within the timely filing guidelines of your insurance company or you are responsible for any unpaid charges. It is also your responsibility to notify Lansing Pediatrics of any insurance changes within 30 days of the change or **you are responsible for any unpaid charges**. All balances are due at time of service for self pay patients. Estimated charges will be collected pre visit as follows: Sick visits - $125.00, Well Visits will range from $181.00 to $800.00. A statement will be sent if further balance is due.

In reference to the Surprise Billing Act, if your insurance is out of Lansing Pediatric's participating network, you are responsible for any/all balance billing beyond what the insurance covers.

Copays are the responsibility of the patient and are to be paid at the time of service. If the copay is not paid at the time of service, a $10.00 fee is automatically added. If no payment has been received within 30 days of a 2nd statement, the account will be sent to the collection agency. Additional fees may be assigned to any account that is sent to collection.

All outstanding balances including, but not limited to; deductible, co-insurance, COB issues, denials, non par insurances and self pay patients are the responsibility of the patient and payment is expected within 30 days of notice. A statement will be sent to inform you of the unpaid balance. If no payment has been received within 30 days of a 2nd statement, the account will be sent to the collection agency. Additional fees may be assigned to any account that is sent to a collection agency.

Please note that Lansing Pediatric Associates is willing to work with our patients by providing payment plan options. Payment plans and outstanding patient balances may be subject to additional fees.

Parents who are divorced or not together are **expected to have arrangements in place between themselves,** to make payment at the time of service.

Thank you for reviewing this important information. If you have any questions, please ask to speak with a billing specialist.

I have read this agreement in its entirety and agree to comply with the above Financial Policy.

_____ _____

Parent, Patient or Responsible Party Signature Date

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Child / Children's Name(s)