OFFICE POLICY FOR INSURANCE BILLING

- It is the parent/patient/guardian's responsibility to obtain, provide and VERIFY accurate, up to date insurance card(s)/information at **every** visit to our office.
- By initialing the encounter form when checking in for your appointment, you are verifying the insurance information listed is accurate, up to date insurance information.
- If we are unable to secure payment from your insurance company because you could not provide information or the information you provided was not accurate, all unpaid charges are the responsibility of the parent/patient/guardian.
- Lansing Pediatric Associates is not responsible for determining whether the insurance information you have given us has changed or is currently effective.
- Insurance companies have implemented new restrictions for medical offices filing insurance claims. Lansing Pediatric Associates will bill claims with the information provided to us at the time of the visit.
- If your Insurance Plan requires a PCP (Primary Care Physician) to be listed with them, it is your responsibility to have your individual Doctor linked to your insurance.
- If you have Tri-Care Military Insurance, as a courtesy we will send a claim to them. However, we are not participating with Tri-Care and do not accept their customary payment as payment in full. You will be responsible for all unpaid charges.
- Lansing Pediatric Associates is not responsible for obtaining insurance information from parents who are divorced or not together. The parent/guardian bringing the child to the visit is responsible to provide any/all accurate, up to date insurance information for every visit.
- If you feel a claim has been rejected in error, and should be paid by the insurance company, it is your responsibility to resolve the issue with your insurance company so the claim can be paid.

I have read and understand the above policy and agree to provide accurate, up to date insurance information at every visit.

_____ _____

Parent, Patient, or Responsible Party Signature Date

Child's Name_____ Birthdate_____

Child's Name_____ Birthdate_____

Child's Name_____ Birthdate_____

Child's Name_____ Birthdate_____