All Starr Pediatrics
Summary of Financial Policy and Authorization

Patient's Name:_____ **DOB:** ____/____/_____

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We are committed to providing you with the very best care possible. This goal is best achieved if everyone is aware of the financial policy, which is an agreement between the doctors of the practice and the child's parent or guardian. Your clear understanding of the financial policy agreement is important to our professional relationship. You may also request for a copy of the All Starr Pediatrics' detailed financial policy or review it on our website at Allstarrpediatrics.com.

INSURANCE

As a courtesy to our patients, we will gladly file the forms necessary so that you receive the full benefits of your medical coverage. We ask that you read your insurance policy to be fully aware of any limitations of the benefits provided. If your insurance company denies coverage, or we otherwise do not receive payment 60 days from filing your claim, the amount will then become due and payable by you. ***Remember that your coverage is a contract between you and your insurance company and/or your employer and your insurance company. Although we will make a good faith effort to assist you in obtaining your benefits, we cannot force your insurance company to pay for services we have provided to you.***

All parents/guardians must present their insurance card at every visit. Parents who do not provide current proof of insurance may be billed as a self-pay patient. If later the parent/guardian presents their insurance card, services already rendered may or may not be retroactively billed depending on the insurance's claim filing requirements. If the parent/guardian fails to provide the correct insurance within the submission guidelines of the insurance company, the parent/guardian may be responsible for the total cost for the visit.

It is your responsibility to provide our practice with accurate and updated medical insurance information that should be used to cover services rendered at each visit. Please disclose any secondary insurance information if you are covered under more than one insurance plan or any coverage changes. Failure to do so may result in you being held responsible for the balance on your account.

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COPAYS AND DEDUCTIBLES

Depending on your insurance policy, a copayment and/or deductible of coinsurance may be required at the time of service. Payment may be made in cash, by check, or by credit/debit/HSA cards. If you participate in a High Deductible Health Plan (HDHP) and have not yet paid your deductible in full, it is likely that any non-preventive services will require payment at the time those services are rendered. Coinsurance may apply even after meeting your deductible. **Please note that the copayment is a contractual requirement from the insurance company and cannot be written off by the clinic. **

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PATIENTS WITHOUT INSURANCE COVERAGE

We are happy to work with families that prefer to pay directly for services or do not have insurance. For such patients, a time-of-service discount will be applied to the bill if settled in full on day of service. This discount does not apply after the day of the visit. The same discount will be applied to any non-covered charges for the patients with insurance, if paid at the time of service. This discount cannot be applied toward the "patient responsibility" portion of covered charges, as those charges are already discounted through the contract, we maintain with your insurance company

FINANCIAL ARRANGEMENTS

We understand that every family's financial situation is different, so we offer a variety of payment options. We accept all major credit cards, cash, and checks. Any returned checks will be subject to a $35.00 returned check fee. If a check is returned for any reason, you will have 7 days to contact our office and arrange another form of payment.

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OUTSTANDING BALANCES

Any outstanding balance that is due from the patient is payable in full upon receipt of the statement. In the event a patient presents for an office visit and has an outstanding balance, a request for payment will be made. Parents/guardians with delinquent accounts and the inability to pay may need to reschedule the appointment.

Statements are generated on a thirty (30) day cycle. Parents who fail to respond to statements will be placed into collection status. Parents with an outstanding balance for more than ninety (90) days may be referred to an outside collection agency and will be charged a 30% collection fee in addition to the balance owed. A parent/guardian with unpaid delinquent accounts or accounts which have been written off to bad debt may not receive additional appointments unless special arrangements have been made. The parents may be discharged from the practice, however in all situations the urgency of treatment will be taken into consideration.

We are willing to work with you on your balance, but communication with our billing department is essential. If you have any questions regarding your bill, please contact our billing department at 802-654-1639 or if you wish to set up payment arrangements contact Cecilia at 678-833-5199 ext. 908.

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OFFICE POLICY

Credit Card on File Policy: We require that all patients provide a credit card on file with our office. Your credit card is kept confidential and secure. Please see the Card On File Policy form attached to your new patient packet.

Late Policy: Please make every effort to arrive in a timely fashion for your scheduled appointment. Patients who arrive 15 minutes late for a scheduled appointment may be asked to reschedule the appointment. The physician may decide to work the patient in if time allows, but this is at the discretion of the physician.

Cancellation Policy: Parent/guardian should call at least 24 hours in advance if unable to keep a scheduled appointment time or the practice will consider it a "No-Show".

No-Shows Policy: Patients who do not arrive for a scheduled appointment will be considered a "No-Show". The parent/guardian may be charged a $25.00 fee for missed sick/follow-up appointments and $50.00 for a missed well visit. This fee cannot be filed to insurance. No-shows will be documented in the practice management system and a history of no-shows may result in a refusal to schedule additional appointments or practice dismissal. All Starr Pediatrics will notify the parent/guardian via mail when a decision is made.

Vaccine Policy: Vaccine records are required for all new patients. All Starr Pediatrics requires all its patients to be immunized on schedule per CDC and American Academy of Pediatrics guidelines. All Starr Pediatrics strongly supports childhood immunizations, so we do allow a delayed schedule, but the vaccines must be given in a reasonable time period. The delayed schedule will be discussed between the parents and the physician. Failure to comply with this policy will result in dismissal from the practice.

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Thank you for understanding our financial policy. Please let us know if you have any questions or concerns. I have read and agree to abide by the financial policy of All Starr Pediatrics.

Signature or Parent/Responsible Party: _____ Date: ___/___/____