

# Just Kids Pediatrics

## Financial Policy

This practice is dedicated to providing our patients with the best possible care and service. We ask your help in understanding and cooperating with our financial policy.

### INSURANCE

We participate with many insurance carriers. It is your responsibility to determine if we are in network with your insurance carrier plan.

If we participate and are in network with your insurance carrier, all services performed in our office will be submitted to them, unless we have received prior notification of non-covered services. Insurance contracts require collection of any copays at the time of the visit. Any uncovered services or deductibles are the responsibility of the parent/legal guardian of the patient.

If we do NOT participate and are NOT in network with your insurance carrier, we may submit all services if we can verify acceptable reimbursement. Any balances not covered by your insurance carrier become the responsibility of the parent/legal guardian of the patient. Payment for any office visit is due at the time of service if uninsured. We will provide you with an itemized statement upon request. **Please note we do not accept United Healthcare or any United Healthcare products.**

**Our practice provides immunizations as recommended by the CDC and ACIP. If your insurance provider does not cover certain recommended vaccines, you will be responsible for those charges.**

### PAYMENT FOR SERVICES PERFORMED

For your convenience, our office accepts Visa, Mastercard, Discover, cash, personal check, or money order. All payments are expected at the time of service and any balances deemed patient responsibility from your insurance carrier are due within thirty (30) days from the 1<sup>st</sup> statement date unless prior arrangements have been made with our office. All balances that reach ninety (90) days past due will be sent to a collection agency. Should your account be sent to a collection agency, you will be financially responsible for all collection fees, attorney fees and any other fees charged by the collection agency as a result of the process utilized to collect any delinquent balances.

**Balances sent to the collection agency must be either paid in full or have an established payment plan verified prior to being seen for any future appointments in our office.**

### MISSED APPOINTMENT POLICY:

Just Kids Pediatrics will charge a fee to parents/legal guardians of patients who miss their appointments, without notifying the office within 24 hours of their scheduled appointment. Payment is expected within thirty (30) days of receipt of the statement. Please see our No-Show Policy for details.

I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY SET FORTH BY JUST KIDS PEDIATRICS AND I AGREE TO THE TERMS OF THIS FINANCIAL POLICY. I ALSO UNDERSTAND AND AGREE THAT THE TERMS OF THIS FINANCIAL POLICY MAY BE AMENDED BY JUST KIDS PEDIATRICS AT ANY TIME, WITHOUT PRIOR NOTIFICATION TO THE PARENT/LEGAL GUARDIAN OF THE PATIENT.

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Print Parent/Legal Guardian Name

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Print Patient Name

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Signature of Parent/Legal Guardian

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Date