Mountain View Pediatrics – Office / Billing Policy Form

18 Feathers Drive • Plattsburgh, NY 12901 • (518) 324-2040 voice • (518) 324-2041 fax
mvpediatrics.com

I agree to and understand the following:

Initials _____ 1. The adult who brings the patient to the doctor is responsible for the bill the day of the visit.

Initials _____ 2. Insurance cards (including Medicaid cards) are shown to the receptionist at each visit at check-in.

Initials _____ 3. Co-pays for visits are collected at the time of check-in.

Initials _____ 4. If insurance or Medicaid has expired, the complete visit must be paid for by the adult present at the time of the visit. The office accepts cash, checks, and credit cards.

Initials _____ 5. Mountain View Pediatrics uses a collection agency to obtain past due balances.

Initials _____ 6. All appointments require a two hour cancellation notice and based upon our office policy, our office reserves the right to discharge patients from Mountain View Pediatrics, PLLC in respect to the number of no shows and the discretion of their provider.

Initials _____ 7. If your insurance contract specifies that you must name a Primary Care Physician (PCP) on your insurance card and the PCP is not a Mountain View Pediatrics physician you will be financially responsible for any visits your insurance company may deny due to this reason. Please call the customer service number on the back of your insurance card to ensure that your PCP is a Mountain View Pediatrics physician.

Initials _____ 8. All efforts will be made by Mountain View Pediatrics to file your insurance claim for you based on the information you have provided to our office. If for some reason your claim was denied, you will accept full financial responsibility for all unpaid balances including co-payment, deductibles, percentages, and outstanding balances.

*Initials*_____ 9. All personal checks returned for insufficient funds will be subject to a $25.00 charge.

X _____ **Date:** _____

Signature

Patient's Name: _____