Premiere Pediatrics Financial Policy

Thank you for choosing us as your health care provider. Please understand that payment of your bill is an integral part of the provider-patient contract. We appreciate your cooperation in understanding the financial policy. We require a signature on our Financial Policy prior to treatment. Additionally, all patients must have a completed "Patient Registration Form" prior to visiting the provider. The Financial policy and Patient Registration Form are to be updated annually.

Full payment from non-insured patients is due at the time of service. For insured patients, deductibles, copayments and co-insurance amounts are due at the time of service. Unless prior payment arrangements have been made, payment is expected by cash, check, Visa, MasterCard or Discover.

INSURANCE: Premiere Pediatrics is contracted with most insurance companies. Please present a valid insurance card at each visit. If your provider is an in-network participant on your insurance carrier plan, all services performed in our office will be submitted to them. Our contract with your insurance company requires we collect any copayments upon check in. **It is your responsibility to know if we are in network or not.** If your insurance carrier is not one we are contracted with or you have no insurance, payment is expected at the time of service. Unless payment arrangements have been made in our office, any balances deemed patient responsibility from your insurance carrier are due within thirty (30) days from the 1st statement date. All balances that reach ninety (90) days past due will be sent to a collections agency. **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.**

RESPONSIBLE PARTY: The person who brings the patient in for treatment is responsible for payment at that time. We cannot bill a third party for services (such as in a divorce situation or for visits following motor vehicle accidents.) If a family member is on file with permission to bring the patient to a visit, please send any copayments with that person.

RETURNED CHECKS: Checks returned to this office will not be sent through the bank a second time. The check must be picked up within 7 days of the bank notice. There is a returned check fee of $25 due at the time the check is picked up. Checks that are not picked up within the allowed time will be turned over to the district attorney for collection.

Thank you for your time in reading and understanding our Financial Policy.

I have read the Financial Policy (above). I acknowledge I have been given the opportunity to ask questions in order to fully understand the Financial Policy.

Parent/guardian's Signature: _____ Date: _____

Child's name _____ Child's date of birth _____