

## BILLING AND FINANCIAL POLICIES

We at Quincy Pediatric Associates are doing everything possible to hold down the cost of medical care. You can help a great deal by eliminating the need for us to bill you. The following is a summary of our payment policy.

### COPAYMENTS

All co-payments required by your insurance carrier **MUST** be paid in full at the time of service. We accept cash, personal checks (in-state only), Visa, MasterCard, Discover, American Express and all debit cards. Failure to pay your co-pay at check in for whatever reason will result in an additional charge of \$10.00 (Ten dollars). There is a service charge of \$15.00 (Fifteen Dollars) for all returned checks. Please help keep costs down by being prepared to pay your co-pay on the day of your visit. The parent/legal guardian bringing the child (ren) in for the visit will be responsible for the payment.

We are not able to be involved in billing disputes in cases involving divorce or separation, and will not split bills among family members. It is the obligation of the parent, not our office, to collect medical bills from the other parent.

Patients with an outstanding balance of 60 days overdue must make arrangements for payment prior to scheduling routine appointments.

### INSURANCE

We bill participating insurance companies as a courtesy to you. If we have not received payment from your insurance company within 45 days of the date of service, you will be expected to pay the balance in full. You are responsible for all charges. If you receive a bill, it is because we believe we have collected everything we can from your insurance and the balance is your responsibility. If you receive a bill and think that your insurance should have paid, call your insurance carrier directly.

**If your insurance company is NOT participating, payment in full is expected at the time services are rendered.** Your time of service receipt includes all information necessary for submitting claims to your insurance carrier.

If you are a **"Self-Pay/ No Insurance"** patient, payment is requested at the time services are rendered. If you need assistance or have questions, please contact the Billing Coordinator between 10:00 a.m. and 4:00 p.m. Monday thru Friday. We must hear from you no later than 15 days after you receive your first statement. If we have sent you three (3) statements, and we have not received payment and have not heard from you, your physician will be notified. A decision will be made whether to send your account to collections. We also reserve the right to terminate you from our practice.

### MISSED APPOINTMENTS

Missed appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. We reserve the right to charge for missed appointments. Excessive abuse of scheduled appointments may result in discharge from the practice.

I have read and understand the Quincy Pediatric Associates, Inc billing and financial policy. I agree to assigning benefits to Quincy Pediatric Associates, Inc whenever necessary.

Signature of insured/parent or authorized representative:

\_\_\_\_\_ Date: \_\_\_\_\_