



A Division of Consultants In Women's Health, PLLC

## FINANCIAL POLICY

It is the policy of this office to help keep healthcare costs as low as possible. In order to do this, we need to keep our billing costs to a minimum. **Your signature indicates your understanding and agreement.**

### Patient/Guardian responsibility:

- ) Bring your child's insurance card to **every** office visit
- ) Copay and deductibles are due at time of service, or if you do not have insurance be prepared to pay visit in full
- ) Confirm with insurance Consultants in Women's Health, PLLC or selected primary care provider is a participating provider for your insurance carrier and Verify coverage limitations prior to appointment.

### Patient/Guardian financial responsibility:

- ) **\$15 late fee will be added to account if copays are not paid at time of service.**
- ) \$35\* fee for any checks returned for insufficient funds.
- ) \$10\* fee for printout of any ledgers (i.e., account history, payment history, etc.) fee is due prior to receiving the ledger.
- ) \$25 fee for after hour or weekend visits.
- ) \$35 walk-in fee.
- ) \$7 fee to fill out any health forms (i.e., school, camp, sports, daycare, etc.).
- ) \$25 fee for FMLA form.
- ) \$10 per letter for medical necessity letters.
- ) \$5 administrative fee for rushed requests on letters, forms, or any other documents.
- ) Services not covered under health care plan (i.e., wellness forms)
- ) Monthly statements are mailed out for balances, which are due within 14 days of the statement date, if any disputes, concerns, or questions contact the billing department immediately.
- ) **\$50 fee for all missed/no shows or if the appointment is not canceled within 24-hour notice. At the third incident, a \$75 charge will be incurred and the practice may choose to dismiss you as a patient.**
- ) If your child requires follow-up care with his/her primary care physician after an automobile accident, the visit is considered out-of-network because we are not contracted with auto insurance companies. The visit(s) must be paid in full at the time of service.
- ) To request/transfer records there is a \$25 fee for the 20 pages, and 50¢ for each additional page, in addition to mailing, shipping, or delivery fees. There is a \$15 fee for executing affidavits.
- ) **If we refer your past due account to a collection agency, you agree to pay all collection costs which are incurred; a collection fee in addition to the original balance.** Northeast Pediatric Associates will no longer provide medical care to patients whose account have been referred to collection agencies and will be reported to the Credit Bureau.
- ) **Any consultation/treatment for an illness received outside the scope of a well child visit may be subject to a copay/deductible which you are responsible for. (i.e. treatment of an ear infection, pneumonia, or strep throat)**
- ) **Services not covered by my health plan contract or provider not participating in my health plan.**

I have read the above financial policy for Northeast Pediatric Associates and I agree to the terms and conditions contained herein assign all insurance benefits, if any, otherwise payable to me for services rendered directly to Northeast Pediatric Associates, P.A. (A Division of Consultants In Women's Health, PLLC). I understand that I am financially responsible for ALL charges whether or not paid by the insurance. I hereby authorize Northeast Pediatric Associates, P.A. (A Division of Consultants In Women's Health, PLLC), to release all information necessary to secure the payment of benefits.

Child's Name:

Date of Birth:

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Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

\* These fees are subject to change at any time