



"That's What We Do"

## **Financial Policy**

Welcome to Caring for Kids Pediatrics, PA, specializing in the care of your children. Please take time to read the following financial policies. We ask that you read and sign this financial acknowledgement prior to any treatment. Please keep a copy of this document for future reference.

### **Insurance:**

Prior to your child's visit we will attempt to verify eligibility and benefits with your insurance carrier. Please bring your child's insurance card to each appointment. Failure to do so may result in cancellation of the appointment. You are responsible for any co-payment required by your insurance carrier prior to services being rendered. You are also responsible for any deductibles or non-covered services, as required by your insurance. You will receive a statement from our office indicating what your insurance has paid. Any remaining balance is due upon receipt of that statement.

### **Credit Card/Check Policy:**

MasterCard, Visa, and Personal checks are accepted for services rendered. Your credit card/bank account may be charged at the time of service. A \$25.00 charge will be added to your account for any check returned by your bank for any reason.

### **No Insurance:**

Payment will be due at the time of service. If you are unable to pay your balance in full, you will need to make prior arrangements with our office.

### **Medical Records:**

We will provide a copy of your medical records upon request. You will need to sign a letter of release prior to pick-up. Please allow 3-5 business days for us to copy your records. If you wish for your records to be mailed, there may be an associated fee to cover the mailing costs. You may be charged for additional copies of your medical record.

### **Disability/Insurance, FMLA, Daycare, Copy of Immunizations, and Sports Physical Forms:**

There will be a charge of \$10.00-\$30.00 for the completion of medical forms. You will be informed of the exact cost prior to completion of each form. Payment is due at the time of pick up. Please allow 7-10 days for the completion of these forms. If you would like these forms mailed to you or your insurance company, payment will be due prior to mailing. Certain forms cannot be faxed.

### **Please review the following statements regarding Assignment of Benefits:**

- The Office will file insurance for all reimbursable services, to both your primary and secondary insurance carriers. Please remember that you are responsible for all deductibles, co-pays, and non-covered service amounts.
- I authorize the release of any medical information necessary to process the applicable claim(s).
- I authorize payment of medical and surgical benefits to Caring for Kids Pediatrics, PA.
- A copy of this document shall be valid as the original.

"I, the Guarantor of Payment and Responsible Party, agree to the above policies and agree to the terms regarding payment and payment responsibilities."

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**Parent or Legal Guardian Signature**

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**Date**

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**Printed Name of Parent/Guardian**

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**Patient Name and Date of Birth**