Hilliard Pediatrics, Inc.
Our Financial Policy

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy which we require you to read and sign prior to any treatment.

All patients must complete our Patient Registration form and questionnaire before seeing the doctor.

BILLING INSURANCE
It is very important that we receive the correct insurance information. Please bring your insurance card with you to each visit and remember to update the office on any demographic changes.

We send your claim to your insurance company for you if we are contracted with your insurance company. Balances not paid by your primary insurance company will be billed to your secondary payer. If there is no secondary payer, then a monthly statement will be sent to you.

All office visit copays are due at the time of treatment.

Effective 11/01/2005 there will be an administrative fee of $25.00 for each time your copay is not paid at the time of service.

If you do not have insurance coverage or if you are insured by a company with which we are not contracted, payment in full is expected at the time of service unless payment arrangements are made and kept.

BILLING FOR SERVICES
This office charges for all services that are significant and separately identifiable. Patients that are seen for physical exams and request treatment of illness or problem will be charged separately for each service even when both services are provided on the same day.

This office can only code and file a claim for a patient's visit with a diagnosis that was encountered and documented in the medical record. To request a diagnosis change solely for the purpose of securing the reimbursement from an insurance carrier is inappropriate and could be considered a fraudulent act.
All balances are due within 30 days of the statement date. Unpaid balances greater than 30 days are subject to our collection process. All balances greater than 120 days could incur additional collection cost.

There will be a $25.00 fee for all appointments that are not attended and not cancelled at least 2 hours prior to the scheduled time.

There is a $25.00 fee for all returned checks.

There will be an additional $20.00 charge for all office visits scheduled after posted hours.

Forms not received at the time of a well visit will be completed for $10.00 per form payable when the form is received. There is a $50.00 cap per family per calendar year. Forms completed at the time of a well visit are at no charge.

There will be a $25.00 charge for copying, summarizing, physician review and forwarding of any medical record transferred from this office.

DIVORCE, SEPERATION, AND CUSTODY AGREEMENTS:
Hilliard Pediatrics will not be party to custodial, separation or financial disputes relating to individuals with regard to minor children to whom services are provided. The responsibility of the bill for minors is with the parent or legal guardian. All copays, coinsurance, and deductible, if applicable will be collected at the time services are rendered from the individual requesting the medical services for the minor child/children. Our primary responsibility is to provide medical care for your children and not to handle billing or insurance coverage disputes between separated or divorced parents.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.

I have read the Financial Policy. I understand and agree to this Financial Policy. I verify the billing information provided is accurate and authorize release of any medical information necessary to process claims. I request payment be sent directly to the physician for the services provided when the physician accepts assignment of my insurance benefits.

_____ _____
Child(ren)'s Name Parent/ Guardian Signature

_____ _____
Date Print Signed Name