

FINANCIAL POLICIES AND PROCEDURES

Signing this form confirms your understanding of the basic financial policies and procedures of Premier Pediatrics, P.A. and your agreement to be financially responsible for all charges incurred. PLEASE READ COMPLETELY!

We will file your primary insurance claim. However, it is your responsibility to provide correct and complete information about your insurance, to notify us of any changes to your insurance prior to your visit, to provide any information requested by your insurance company, and to ensure that your insurance company pays your claim in a timely manner. Failure to provide all the necessary insurance information, including a copy of the insurance card, may require an appointment to be rescheduled.

It is your responsibility to know your insurance benefits, and to make sure the doctor is a participating provider with your plan. Although we try to assist you by obtaining a basic verification of benefits, the information we are able to obtain from your insurance company is not a guarantee of payment and may not be the most accurate description of your coverage and benefits. **You are responsible for, and agree to pay, all copays, deductibles, co-insurance amounts, previous balances, and non-covered services at the time of service.** If for any reason you are unable to pay at the time of service, prior arrangements must be made.

Late fees and interest may be incurred on all balances not paid within 30 days of the first billing.

When Premier Pediatrics, P.A., is closed for business, we forward our telephone calls to the Tele-Care Nurse Program. There is a fee of \$15.00 per call. This fee is subject to change without notice.

As part of the Federal Trade Commission Red Flag Rules we must comply with identity theft prevention, including how it pertains to the use of health insurance. **Therefore, you must provide your social security number.**

There will be a \$30.00 fee for all returned checks, regardless of the reason for the return. We will not accept a check for the repayment of a returned check. We reserve the right not to accept checks. Proper ID is required for checks. Returned checks that are not paid immediately may be subject to prosecution.

There may be a \$25.00 fee imposed for all no-show appointments, and for appointments cancelled less than 24 hours in advance. We will do our best to call to confirm your appointment the day prior to the visit. However, this call is a courtesy only. It is your responsibility to keep your scheduled appointments or call to cancel at least 24 hours in advance.

There is a fee for the completion of all forms, this includes FMLA forms, WIC forms, immunization forms, and physical forms not completed at the time of the physical. Fees vary depending on the type of form and are subject to change without notice.

A properly completed and signed records release form is required for medical records to be released. The fee for medical records is based on the Florida Statutes. The fee must be paid prior to records being released.

If it becomes necessary to place your account with a professional collection agency, or take legal action to collect the balance of your account, you are responsible for all legal/collection/attorney fees. Other fees may apply.

All fees are subject to change without notice and will not be billed to any insurance company. You may request a copy of this form for your records.

Print Name _____ Date _____

Names of children _____

Signature _____