

# Main Street Pediatrics Financial Policy

Dear Patients and Families:

Thank you for choosing us as your health care providers. We appreciate the trust you are placing in us. We ask that you read this financial policy statement thoroughly and sign this sheet at the bottom. This will also serve as an assignment of benefits for payment from your insurance company. If you have any questions or concerns about our payment policies, please do not hesitate to contact our billing office.

## Payment for Services

The fees we charge for medical care are usual and customary for our area and vary with the type of service. Main Street Pediatrics has provider arrangements with most of the major health insurance carriers. However, please understand that your insurance policy is a contract between you and the insurance company. We are not a party to that contract. It is your responsibility to understand and comply with the terms of your insurance coverage and determine your level of benefit coverage. Some of the services we provide during both scheduled well visits and/or as part of urgent care sick visits may not be covered under your particular plan. As an example, some insurance plans do not cover well-child exams or limit the number of well-child exams within a certain time frame. Additionally, some insurance plans will not cover all of the routine and recommended childhood vaccinations. Regardless of the type of insurance coverage you have, payment for services we render is ultimately your responsibility.

At the time of each visit we will verify your billing and insurance information. It is extremely important that this information be kept up-to-date. Please bring your current insurance card with you at each visit. We will directly bill insurance companies for our services as a courtesy to our patients as long as we are a participating provider. Co-payments, deductibles and fees for non-covered services are expected to be paid at the time service is rendered, as required by your insurance company. This payment is expected regardless of who brings your child in for their appointment. For your convenience, we accept cash, check and Visa & MasterCard charge cards.

If Main Street Pediatrics is not a participating provider with your insurance carrier, or if you do not have health insurance, then we require full payment for services at the time of service. We will be happy to provide you with an itemized statement for your records and appropriate forms that you may submit to your insurance for reimbursement. We do offer a 25% discount off our regular fees to our uninsured patients.

If difficulty should arise in paying your bill, please call our Billing office. Satisfactory arrangements can almost always be made. We strive to remain flexible and are understanding of individual circumstances. We strongly feel that financial considerations should never prevent a child from receiving the care they need at the time they need it.

### ***Acknowledgment***

I, the undersigned, have read, fully understand, and agree with Main Street Pediatrics' Financial Policy. I have had the opportunity to ask questions regarding this policy. Upon request, a copy of this policy will be provided for my records. I agree to assign insurance benefits to Main Street Pediatrics whenever necessary.

\_\_\_\_\_  
*Print Patient's Name*

\_\_\_\_\_  
*Patient's or Policy Holder's Signature or Authorized Representative*

\_\_\_\_\_  
*Date*