

Kids Clinic

FINANCIAL POLICY AND AGREEMENT

Please read carefully. If you have any questions please ask the front staff.

We accept checks, cash, money orders, Visa and MasterCard for payment.

Parent/Child: The parent/legal guardian accompanying the child is responsible for payment at the time of service including co-payment. The parent/legal guardian with whom the child resides is the person who will be billed for services rendered- which may include: deductibles, co-pays, and any non-covered services provided. The parent/legal guardian is responsible for any balance after insurance has paid.

Insurance: It is the responsibility of the parent/legal guardian to know what is covered and excluded from his/her plan for their child. You will be asked to present your insurance card at the first visit. If this information is not provided the balance will be the financial responsibility of the parent/legal guardian for that child. Your co-payment is expected at time of service. We accept all payments made from insurance companies. If there is an overpayment made from either the parent/legal guardian, or insurance a refund will be processed. We will submit claims to your secondary carrier as a courtesy.

Private Pay: We ask our patients without insurance pay in full at the time of service. We offer a discount if full payment is made on the day of the visit. Please check with our billing office for the charges. All charges are due and payable within thirty (30) days from the date of the closing statement.

Budget Agreement: If you are not able to pay your account in full at the time of service, we offer a budget agreement that *must be signed and authorized by the office manager*. A budget agreement will not be made for balances under \$75.00. After this agreement is made and payments are not met by the budget agreement guidelines the account may be turned over to a collection agency.

Circumcisions: The Kids Clinic requires the parent/legal guardian make a payment of \$350.00 the day of this procedure. We will bill your insurance company; however, some insurance companies *do not* cover this service. If payment is provided by the insurance company a refund will be given.

Divorce Decrees: Kids Clinic is not a party to your divorce decree. The responsibility for the minors rests with the accompanying adult. We will not be involved in mediating financial arrangements between parents/guardians.

Other Charges: We reserve the right to apply a processing fee of \$2.50 per month to your account for balances that accumulates for longer than thirty (30) days. This charge is automatically applied to parents/legal guardians that are on budget agreement. A \$35.00 fee will be added to your account for any checks returned due to a non-sufficient fund (NSF). If we receive a NSF Kids Clinic will no longer accept checks for payment- only cash or credit/debit cards. All of the above charges will not be submitted to insurances. We reserve the right to charge a \$25.00 fee for no show appointments.

By signing this agreement you are stating you have read, understand and agree to the financial policy and agreement for Kids Clinic and authorize the Kids Clinic to: submit any and all appeals when my insurance company denies benefits to which I am entitled; submit all requests for benefit information from my insurance company; initiate formal complaints to any state, or federal agency that has jurisdiction over my benefits; and release all medical information necessary to process my claims.

Signature of Parent/Legal Guardian

Date

Name of Child/Children