

Post Road Pediatrics, LLP

Financial Policy

It is important to us that our relationships with patients and families are not clouded by unclear expectations. For that reason, we want you to completely understand our office financial policy. Please read it carefully before signing.

Prior to your first visit, please verify your child's insurance coverage. If the insurance requires you to choose a Primary Care Physician (PCP), be sure the correct one is listed for your child. If a PCP is required but not listed, the insurance company may deny your claim leaving you responsible for payment. If our doctors do not participate in your plan, you will be responsible for the bill. You should also review your insurance policy for information about referrals, authorizations, procedures and well visit coverage.

Changes, Co-Pays and Outstanding Charges: Please check in at the Front Desk at every visit with your most recent insurance card. Please inform us of any changes to your insurance policy or demographic information. Copays are due and expected at the time services are rendered. We will also ask for payment of any outstanding balance. If you are not covered by insurance, payment is due at the time of service.

Deductibles, Co-Insurance and Unpaid Claims: Post Road Pediatrics will bill participating insurances on your behalf. If we have not received payment from your insurance company within 45 days of the date of service, you may be expected to pay the balance in full. We are obligated by our insurance contracts to bill you for deductibles, co-insurance and non-covered balances as dictated by your insurance company. We ask that you help us keep our costs down by making prompt payment.

For your convenience, payments may be made by phone, mail or online via MyChart. We accept most major credit cards, in-state checks, and cash. There is a \$25.00 service charge for returned checks.

Well Visits with Extra Services: If, during a well visit, you receive treatment for a medical condition outside the scope of routine preventative care, or a pre-existing problem is addressed in the process of performing your regular well visit, your insurance company may advise us that a copayment is required. If this happens, you may be billed for that copayment.

Referrals and Managed Care: If you are enrolled in a managed care plan (HMO) you must receive a referral from our office before you see a specialist. Referrals should be requested a minimum of 3-5 days prior to your visit so that your PCP has time to review and authorize each visit. Backdated referrals are not guaranteed. Failure to follow this process may leave you responsible for payment of the charges incurred at the specialist visit.

Missed Appointments: We ask that you, whenever possible, notify our office within 24 hours if you are unable to come to a scheduled appointment. Missed appointments represent a cost to our office and may prevent other patients from being seen at that time. For this reason, we reserve the right to charge a fee of \$50.00 for a missed or late-cancelled appointment. Excessive abuse of scheduled appointments may result in discharge from our practice.

Please contact our billing office (ext 119) or the office manager (ext 116) if you have any questions.

*** I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered. I also understand and agree that I am responsible for full payment of any non-covered services, medical records fees, returned checks, and missed appointments. I will notify Post Road Pediatrics of any changes to my insurance coverage and contact information.*

Responsible Party: _____

Relationship: _____

Signature: _____

Date: _____