



Today's Date ____ / ____ / ____

PEDIATRICS AND GENETICS OFFICE POLICIES

Patient Name _____

Guarantor / Guardian Name _____

We LOVE delivering quality pediatric and genetics care and enjoy the personal relationships we have with our patients and families. We must however recover charges for these services so we can continue to survive and thrive. We strive to keep insurance and financial arrangements as simple as possible and summarize our policies below. **Your signature below indicates that you have read these policies**

- All co-payments, co-insurance, and deductibles are due at time of service, as per our contract with insurance providers.
- We will file insurance as a courtesy, but you are ultimately responsible for charges incurred. This document confirms that you assign agreed upon insurance contracted fees for the services to our clinic and will commit to any remaining co-payments that the insurance company declares as a balance.
- If you do not have valid insurance credentials at time of visit, we will have to collect the fees in full before care and you will have to adjust this payment with your insurance provider. It is also your responsibility to get confirmation from your insurance provider that our practice is 'In Network' as well as get any prior authorization for any tests ordered.
- It is your responsibility to keep us up to date with your current contact information for us to contact you in a timely manner for follow ups, test results or billing updates that we get from your insurance provider.
- It is also your responsibility to provide appropriate legal documentation relating to any change in Guardian / Guarantor relationship with the patient. Pediatric visits will only be undertaken in the presence of one or more registered guardian(s).
- As time permits, we will contact you to confirm your appointment. We rely on you to keep track of appointments.
- We understand that in certain Sick Visit circumstances, you will have to walk-in without an appointment. We will make every attempt to accommodate you. But in some situations, you may have a longer than normal wait as we serve previously scheduled patients.
- Inability to make an appointment should be confirmed with our office at least 24 hrs ahead of the appointment, so we may provide this slot to someone else that may need it. Otherwise, the appointment is considered a 'No Show' and we reserve the right to bill you \$25 for each such incident. Three no shows will be considered clinic disruptive and we reserve the right to transfer care out of our office.
- Brief phone consults may be scheduled based on time availability and will be billed to your account (since insurance does not cover them). Disability forms charges are \$15, Katie Beckett forms are \$25, Notary Services are \$20

Guarantor / Guardian Signature _____ Date ____ / ____ / ____