Hyde Park Pediatrics

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# Financial Agreement

Our goal is to provide and maintain a good provider-patient relationship. Letting you know in advance of our office's financial policy allows for good flow of communication and enables us to reach our goal. Please read this carefully, and if you have any questions, please do not hesitate to ask our staff.

- On arrival, please check in with the front desk staff and have your insurance card(s) on hand. This is your confirmation of the correct insurance and consent to bill them on your child's behalf. If the insurance company that you designate is incorrect and you do not provide updated insurance information, you will be responsible for the balance incurred for services rendered.
- If your insurance company has not been informed that we are your child's primary care as of the service date, you may be financially responsible for the cost of the visit.
- According to your insurance plan, you are responsible for any and all copayments, deductible, and coinsurance amounts.
- Copayments are to be paid upfront at the time of the visit.
- Well child exams typically have no copayment and are covered per your individual insurance policy. However, there may be a charge if the patient receives preventative care outside the bounds of the insurance agreement. It is your responsibility to call your insurance company and confirm when you can and cannot bring your child in for an annual exam. Any charges as a result of bringing the patient in for a well check too early in the benefit cycle is your responsibility.
- If our providers do not participate in your insurance plan, you are responsible for the cost of service at the time of the visit. Please ensure that we are within your policy's network.
- If previous arrangements have not been made with our billing department, any outstanding account balance more than 28 days past due will be billed to the responsible party. Any balance 60 or more days past due may be sent to a collection agency.
- We require 24 hours' notice for appointment cancellations. There is a $50 cancellation/no-show fee for appointments missed without sufficient notice.
- A $25 fee applies for any checks returned for insufficient funds, plus any bank fees incurred.
- There is a $15 charge per child for complete medical records transfer.

**I have read and understand the office financial policy. I agree to comply and accept responsibility for any payment that becomes due as outlined in this agreement.**

Patient Name: _____ Guarantor* print name: _____
Siblings, if any: _____Guarantor Relationship to Patient: _____
_____ Guarantor Signature: _____
_____ Signature Date: _____

(*Guarantor = Parent/Guardian financially responsible for this patient)