

PEDIATRICS UNLIMITED, P.L.L.C.

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FINANCIAL POLICY

At Pediatrics Unlimited PLLC, we appreciate the confidence you have shown in choosing us to provide for your child/children's health care needs. Your decision to receive a service or services from us implies a financial responsibility on your part. The responsibility obligates you to ensure payment in full of our fees. As a courtesy, we will bill your insurance carrier on your behalf. However, you are ultimately responsible for payment of your bill. Please read this Financial Responsibility Form and sign at the bottom to acknowledge that you understand your accountability.

INSURANCE COVERAGE

You are responsible for any amounts not covered by your insurer. It is your responsibility to be aware of your insurance coverage, including but not limited to policy provisions, exclusions and limitations, and authorization requirements. This information can be obtained by contacting your insurance carrier. We attempt to verify that your coverage is valid prior to your scheduled visit or as soon as feasible. However, if your coverage is not in effect at the time of the visit, the financial responsibility for any payments due will be yours.

If you have had any changes in your insurance coverage, you must notify us.

CO-PAYMENTS, CO-INSURANCES, AND DEDUCTIBLES

Co-payments and co-insurance are your responsibility. Your insurance company expects us to collect them from you at the time of service. Please understand that you will be expected to pay your co-payment for each and every date of service. You are responsible for your deductibles. The deductible is determined by your individual contract with your insurance carrier. We may not have information about each person's deductible amount, or how much of it has been met. You will be responsible for finding out all information regarding your deductible prior to your appointment with our office.

SELF-PAYMENT / SELF-PAY

All cash patients and patients present without valid insurance information are considered self-pay patients. All self-pay patients are required to pay at the time service is rendered. Please be prepared to make this payment with the front desk personnel prior to your visit. Should you have insurance but are unable to provide valid information at the time of your visit, you will be expected to pay in full at time of service until your insurance information is on file.

I have read the above policy regarding my financial responsibility to Pediatrics Unlimited, PLLC, for providing services to the above named patient(s). I certify that the information is, to the best of my knowledge, true and accurate.

Signature of Parent/Guardian

Relationship to patient

Date