KIDMED **FINANCIAL POLICY**

Thank you for selecting *KidMed* as your healthcare provider. Our personnel will be happy to discuss our fees and this policy with you at any time. Please read and sign this financial policy prior to seeing the physician. Payment for services is due at the time services are rendered. For any portion of your balance that is not covered by insurance, or for our private pay patients, we accept cash, check, VISA, MasterCard and Discover.

1. Your insurance policy is a contract between you, your employer and the insurance carrier. We are NOT a party to that contract. Our relationship is with you. We cannot become involved in disputes between you and your insurer regarding deductibles, co-payments, covered charges, secondary insurances, and "usual and customary charges."

   We are, however, contracted with most managed care plans. Please present your insurance card at the front desk so that we can file a claim on your behalf. We will follow their guidelines for submission of claims, co-pay amounts, and reimbursements. Any contractual provider discounts will be deducted from your balance.

2. All charges are your responsibility whether your insurance company pays or does not pay. Not all services are a covered benefit in all contracts. Some insurance companies and some employers decide what a covered benefit is and what is not. Please check your insurance plan document for any questions. Fees for these services along with unmet deductibles and co-payments are due at the time of treatment.

3. Co-Payments not paid at the time of service are subject to a $10 processing fee. All balances more than 60 days past due are subject to a penalty of $10 per month to cover the cost of sending additional statements.

4. If your insurance company does not pay your claim within 30 days, it is your responsibility to contact your insurer to expedite payment. If your insurance company does not pay within 60 days, you will be responsible for payment.

5. Returned checks and balances older than 90 days may be subject to collection placement and collection fees which will be charged to the responsible party. If we are forced to send your account to a collection agency, a 40% fee will be added to your balance.

6. Please note that all cancellations for scheduled appointments must be made at least 24 hours in advance, which allows us to care for other patients in need of our services. If you fail to cancel your appointment, you may be charged a $25 service fee which will not be covered by your insurance plan.

7. There will be a $35 NSF charge on all returned checks.

8. Occasionally an insurance payment results in overpayment on your account and generally this balance remains on your account as a credit for use at a future visit. You may request a refund of overpayment by notifying the Office Manager.

9. We understand that temporary financial problems may affect timely payment of your balance. We encourage you to communicate any such problems to our Office Manager, so that we can assist you in management of your account with a payment plan. Failure to make payments on one or more of your account balances may result in dismissal from the practice.

   I give permission to *KidMed* to convert any paper check or check by phone to an electronic transaction.

   Again, thank you for choosing *KidMed*. We appreciate the opportunity to serve you.

   Patient Name: _____ DOB_____

   Parent / Guardian Signature:_____ Date:_____