

## **Dr. Soos Pediatrics, P.C. Office Financial Policy**

**Patient Name:**

**Date of Birth:**

### **Healthcare Insurance and Patient Responsibilities**

Thank you for choosing Dr. Soos Pediatrics, P.C. as the health care provider for your children. Our goal is to provide and maintain a good physician-patient relationship. In the interest of good healthcare practice, it is desirable to establish a financial policy to avoid misunderstandings. Due to increased insurance company demands we ask you to read and agree to the following policy. We accept a wide range of insurance plans. Insurance is gladly billed as a courtesy to our patients when a **CURRENT/ACTIVE** card is provided to us. However, all policies have different benefits, and we cannot know the specific details of each individual policy. It is **YOUR RESPONSIBILITY** to know your individual policy and to verify all benefits and coverage information prior to having any services rendered. **There are some services that are not covered under insurance and you will be responsible for the charge.** Also, you must notify us of any changes to your insurance plan or policy prior to your visit.

### **Co-pays**

Contracting with health insurance companies requires us to collect co-pays and deductibles--not collecting your co-pay constitutes insurance fraud. **Your co-pay is due at the time of service** regardless of who brings in the child for the appointment. Grandparents, family friends, divorced parents, etc. must be prepared to make co-pays even if they are not the account guarantor. We accept cash, checks, Visa, MasterCard and Discover.

### **Accounts, Credit and Collections**

- ❖ All outstanding accounts are due and payable at the time of your visit, unless satisfactory arrangements have been made with our Billing Department. There will be a 5% discount for accounts paid in full on the day of service.
- ❖ In the event of severe delinquency, unresolved claims, or bankruptcy, Dr. Soos Pediatrics, P.C. reserves the right to require cash payment at the time of your future visits.
- ❖ Even though you may have an insurance claim pending, you will receive a monthly statement for the outstanding balance on your account. If the balance is not paid or payment arrangements are not made within 90 days of service your account will be turned over to our collection agency. Furthermore, Dr. Soos Pediatrics, P.C. will not see your children for well child checkups until the balance is paid in full.
- ❖ If collection of your account becomes necessary, you hereby authorize Dr. Soos Pediatrics, P.C. to release all financial and contact information provided to Dr. Soos Pediatrics, P.C. to any third party. However, the sharing of personal medical information is strictly prohibited.
- ❖ There will be a \$25.00 minimum charge for any checks returned for insufficient funds.

Questions about this policy? Call Robyn, the Billing Manager at 478-272-0203.

**I have read and understand the financial policy. I understand that I am personally responsible for this account regardless of medical insurance, divorce decree or otherwise. I understand that in the event this account becomes delinquent, by affixing my signature below, I am bound and responsible for all charges upon this account.**

\_\_\_\_\_  
Signature of Parent/Guardian or Responsible Party

\_\_\_\_\_  
Date