

Eastside Pediatrics, PA Office/Financial Policies

Please read this page carefully! We try to ensure that our patients have a clear understanding of our expectations, so that we may better serve you. Please direct questions to our office staff. A signed copy of these policies is maintained in each chart. Please be sure you understand this prior to signing.

Payment for services: Our office staff will inform you on any co-pay or amount due at time of check-in/ check-out. Insurance companies require that we collect co-pays at time of service. You are responsible for knowing your co-pay amount and/or percentage and whether or not you have a deductible to meet. If you have not met your deductible, we expect payment in full. You may pay with cash, check or major credit card. It is your responsibility to notify us of changes in insurance. You will be expected to show your insurance card at each visit. If you are unable to pay your co-pay, your appointment may be rescheduled. Some services are not covered by insurance and you will be responsible for these. This may include Well-Child visits, as some insurance companies do not consider them as a covered service. If we are contracted with your insurance company, we will be glad to file your claim. Please understand that if your insurance company sends NO PAYMENT within 90 days of the date of service, it then becomes patient responsibility. Therefore, you should direct any insurance questions to them regarding payment (This is between you and your insurance company). Insurance is a contractual agreement between you and your insurance company!!!!

Returned Checks: All checks returned to us will be charged a \$35.00 returned check fee and payment has to be made in cash.

Collection Policy: Please be ensured that if you receive a bill, we have received insurance payment and the remaining portion due is your responsibility. Of course, of you have any questions, please feel free to contact our billing department. However, please remit payment promptly. Overdue accounts will be assessed a 20% surcharge and submitted to a collection agency. This will also be reported to the Credit Bureau.

Late Shows: If you arrive more than 10 minutes late for a WELL visit, you will be asked to reschedule your appointment. If you arrive more than 15 minutes late for a SICK visit, you will be worked in around other patients who have scheduled appointments.

Failed Appointments: If you fail to cancel your SICK or FOLLOW- UP appointment, you will be assessed a \$25.00 fee. No show fee for a WELL-CHILD check will be assessed a \$40.00 fee, and ADD/ ADHD/ CONSULTS will be assessed a \$60.00 fee (NO EXCEPTIONS!!!!). Insurance will not pay this fee and you will be responsible for it, prior to rescheduling additional appointments.

Walk-Ins: We will do everything possible to see your child if necessary. WE DO NOT ACCEPT WALK-IN APPOINTMENTS. Please call and you will be given a time when we are able to see your child.

Emergencies: Medical emergencies will take priority over scheduled appointments. Remember, you would want the same level of care for your child.

Address Change: It is your responsibility to notify our office of any changes in address, phone number, etc.

It is your responsibility for knowing your insurance benefits and requirements. You need to know if you plan covers well benefits and immunizations. Because each employer negotiates different contracts for their employees, it's also very important to know if you have to use a certain lab, provider, hospital, etc. (We, Eastside Pediatrics, PA, Physicians and staff are not responsible if you are sent to the wrong lab, etc). IT IS YOUR RESPONSIBILITY TO KNOW YOUR PLAN!!!

Signed: _____

Date: _____

Child's Name: _____

Chart# _____