

COASTAL PEDIATRICS FINANCIAL POLICY

The following is a statement of our Financial Policy which we require you to read and sign prior to treatment of your child.

We accept Checks, Visa/MasterCard, Discover, American Express, and Debt cards.

******* All Co-Pays and Co-Insurance are due at the time of service. *******

REGARDING INSURANCE: We will bill most insurance for you if proper paperwork is provided to us. We will also bill secondary insurance companies for you. The bill is your responsibility whether your insurance pays or not. We cannot bill your insurance company unless you give us your current insurance information. Since your agreement with your insurance carrier is a private one, we do not routinely research why an insurance carrier has not paid or why it paid less than anticipated for care. If an insurance carrier has not paid within 60 days of billing, professional fees are due and payable in full by you. Please be aware that some, and perhaps all, of the services provided may be non-covered services.

Medicaid Patients: Proof eligibility and card is required at each visit. If you do not have current Medicaid card and proof of eligibility, you will be responsible for payment of time of services.

COLLECTIONS PROCESS: All accounts with balances over 60 days will go to in-House collection status. If we are still unable to collect the balance the account will be turned over to a collection agency, and nulled.

SELF PAY: Payment is due a check in for physician exam. If labs are performed during exam then payment in full at checkout..

HEALTH WELL-CHILD EXAM: Periodic preventive health checks may or may not be covered under your insurance plan, however, may be required by your physician.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I _____ (please print name) have read and agree to the above Financial Policy for payment of professional fees.

Signature _____

Date: _____