Payment Policy

We are pleased you have chosen our office to serve you. Please review the following information regarding payment policies.

PAYMENTS ARE EXPECTED AT TIME OF SERVICE

If you have health insurance, we will be happy to assist you by filing your claim.
We will do our best to notify you in advance whether or not your charges will be covered by your insurance plan. Insurances have multiple plans that vary with employer group contract, we ask that you be as familiar as possible with your own insurance plan.
Co-payments must be paid at the time of service regardless of who brings the child to the office. The person accompanying the child is responsible for paying the co-payment at the time of service.
The responsibility for payment on services for any dependent children whose parents are divorced rests with the parent who seeks treatment. Any court ordered responsibility judgment must be determined between the individuals involved without the inclusion of our office.
Is essential that you enroll **Newborn Infant** with your insurance carrier within 30 days.
Any recoupment requested from secondary insurance, for failure of primary insurance information given, will be your personal responsibility. **Past due accounts will be reported to a collections agency.**

If you are facing financial difficulties, please call our office to make special arrangements.

School, physical forms and camp forms will not be provided for patient with past due accounts unless arrangements for payments have been made.

A strict No Call/ No Show Policy is enforced. If you fail to call and cancel/reschedule an appointment it will be noted as a No Call/ No Show. After the 3rd No Call/ No Show services will be terminated, and patients will be asked to find a new provider.

If there is a change in PCP, and an established patient is seen by a different provider, or if a release of medical information form is received, services will immediately be terminated and the established patient will no longer be able to obtain services with our office.

There will be a charge of $10.00 for Physical forms and copy of shot records.
Please present your current Immunization Record at the time of your Well Child Exam/ Physical, otherwise your appointment will have to be rescheduled at our next available appointment time.

Every minor under the age of 18 must be accompanied by a parent/legal guardian.
Power of Attorney will not be accepted unless court order is provided.

In case of emergencies, please list the name of the person who you allow to bring in your child: **ONLY APPLIES FOR SICK VISITS, NOT PHYSICALS OR VACCINES.**

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Signature_____ Date_____