

All About Kids Pediatrics Policies

INSURANCE

WE VERIFY ELIGIBILITY and REQUEST AN INSURANCE CARD FOR EVERY VISIT

Payment in full is required at the time of service for co-pays, co-insurance, deductible amounts that have not been met, uninsured patients, coverage that could not be verified, and all past due amounts. An additional \$25 fee will be added to your charges if not paid on the date of service. As the parent and/or guarantor you are required to pay the co-pays/co-insurance at the time of service. Claims are billed to the insurance carrier as a courtesy; however, you are responsible for payment of all charges incurred. All balances not paid by the insurance carrier within 90 days of the date of service will be your responsibility. We will be happy to reimburse you for any payments made by you after your insurance company has paid in full. If you have changes to your insurance information, please notify our office immediately. AAK will not be responsible for timely filing denial if we did not receive the correct insurance information prior to or at the time of the visit.

METHODS OF PAYMENT

We accept cash, Visa, MasterCard, and American Express. We do not accept checks or bills greater than \$20.

RETURNED CHECKS

If you receive a statement in the mail, you may pay by check

All checks returned for insufficient funds, closed accounts, or for any other reason will be subject to a \$25.00 service charge. The service charge and the amount of the check must be paid in full by cash, credit card or certified funds. Thereafter, checks will no longer be accepted for services rendered.

PAST DUE BALANCES

We will require all balances over 90 days from the date of service to be paid in full regardless of whether or not there is insurance coverage. Future visits will also require payment in full until the issue with the insurance company is resolved. We are willing to assist you in resolving balance and payment issues. Payment arrangements may be made with the billing department. Balances not paid over 90 days or failure to comply with prior payment agreements are subject to collection action and dismissal from the practice. If your account is referred to collection, you will be responsible for all attorneys' fees and collection expenses. **For every 30 days a balance is not paid, we will add an additional \$20 late fee to your balance until your account is paid or sent to collections. This does not apply to payment plans if payments are made timely.**

OTHER FEES

Any forms, i.e. sports, camp, school notes or excuses, not presented at the time of an office visit will incur a charge. It is the responsibility of the parent to maintain an up to date shot record and therefore duplicate shot records will incur a charge. Due to the complexity, FMLA papers will always be charged regardless when given to the physician. There is no charge for summary medical records to be forwarded to a physician caring for your child. Medical records for any other purpose or to any other entity will incur a charge.

NO SHOW / CANCELLED APPOINTMENTS

Appointments that are not kept or given 24 hour cancellation notice are discourteous to both the physician and other patients. Therefore No Show appointments are subject to the following fees.

Appointment	10 Minute	20 to 30 Minute
1 st Encounter	Waived	Waived
2 nd Encounter	\$10.00	\$20.00
3 rd Encounter	\$20.00	\$40.00

4th Encounter may result in the family being discharged from the practice.

* AHCCCS patients will be reported to their AHCCCS plan after the 2nd Encounter as stated above and may be dismissed from the practice after the 4th Encounter as stated above.

WELL CHILD/PREVENTATIVE SERVICES

It is not uncommon for patients in the course of a well child check or preventative visit to receive management and treatment for a separate and specific problem such as asthma, headaches, acne, etc. in the same visit. Physicians must report all services rendered using a variety of codes to tell the insurance company what was done and why. Addressing the problem or concern may result in an additional co-pay or charge as per your insurance plan rules. Your financial responsibility for the visit is determined by your individual insurance plan. If you have questions, please check with your insurance company or contact our billing office.

DIVORCE/CUSTODY/GUARDIAN

The parent and/or legal guardian who brings the child in for medical services will be required to pay the bill. We do not bill third parties regardless of what the decree or custody documents indicate. Please make arrangements prior to the office visit.

I have read, understand, and am aware of All About Kids Pediatrics office policies

Signature: _____ Date: _____