

PATIENT FINANCIAL AGREEMENT

Patient Name: _____ DOB _____

Co-Payments

Co-Payments are due at the time of service. If you are unable to remit your co-payment amount, the office reserves the right to reschedule your appointment for another day/time that is convenient for you. If you wish to be seen at your scheduled appointment the practice reserves the right to bill an additional \$20.00 fee if the copay is not remitted by the end of the business day.

Prior Balances

Prior balances are due upon receipt of a statement or at the time of a scheduled appointment, whichever comes first. If you are unable to make payment at the time of the scheduled appointment, please contact the billing office to make arrangements for the balance. If you are unable to remit payment, the office reserves the right to reschedule your appointment for another day/time that is convenient for you.

High Deductible-Health Plans

Due to the recent increase in high deductible plans, it is now the policy of Kaplan Barron Pediatric Group to require a \$50.00 pre-payment for any visit scheduled that is not for preventive care. Preventive care services include wellness visits & immunizations visits.

Charges for all visits will be charged to your designated insurance carrier for services rendered by Kaplan Barron Pediatric Group.

The \$50.00 pre-payment will be applied to your account. Any remaining balances, as determined by the insurance carrier will be billed to the responsible party on the account.

Insurance Changes

It is the responsibility of the patient/parent/guardian to notify the office of any changes to your insurance, so we can correctly file claims, and accurately determine out of pocket costs.

Billing

Insurance is billed as a courtesy to our patients. If Kaplan Barron Pediatric Group receives a denial from your insurance payer, you may receive a bill from our office. It is the responsibility of the patient/parent/guardian to reach out to our billing office and or insurance company to discuss the balance.

Phone Calls

Any phone number provided at which I may be contacted, I consent to receive calls or text messages, included but not restricted to communications regarding billing and payment for items and services, unless I notify the office to the contrary in writing. Calls and text messages include but are not restricted to pre-recorded messages, artificial voice messages, automatic telephone dialing devices, or other computer assisted technology or by electronic mail, text messaging or by any other form of electronic communication for the office or its agents including collection agencies.

Collection Activity

If Kaplan Barron Pediatric Group does not receive prompt payment; we reserve the right to transfer your balance to outside collection agency after 90 days. If an account is referred to an outside collection, we reserve the right to dismiss the patient from the practice. The account is subject to additional fees related to the collection activity.

No Show

Please call if you are unable to make your scheduled appointment or if you are going to be late for your appointment. The office has a “no show” charge for patients who do not cancel their appointment within 24 hours of their scheduled appointment.

Your signature indicates your understanding and compliance with this policy

Print Patient Name

Patient Signature/Date

Guardian Signature (if patient is under 18 years of age)