

MAUMEE PEDIATRIC ASSOCIATES FINANCIAL POLICY

Thank you for choosing Maumee Pediatric Associates for your child's health care needs. Please take a moment to read and familiarize yourself with our financial policy. We are committed to having a successful physician/patient relationship. Please understand that timely bill payment is a part of that relationship.

- In order to properly bill your insurance company, it is important that you provide us with the most current information. Since changes are sometimes made without your knowledge, please be prepared to provide our insurance card at every visit.
- Your insurance policy is a signed contract between you and your insurance company. You are responsible for knowing and understanding your insurance benefits.
- Federal law requires Maumee Pediatric Associates to submit all insurance claims accurately, reporting the exact services rendered. We cannot change a diagnosis or procedure code in order for a claim to be paid by your insurance.
- Copayments must be paid at the time of service, as required by your insurance company. We accept cash, checks, Visa, MasterCard and Discover. A \$10 billing charge will be added to your account for any copayments not made at time of service.
- There will be a \$25 fee for all returned checks.
- If you do not have insurance, payment in full is required at time of service.
- You will only receive a statement from our office when the owed amount is your responsibility. If you feel that your insurance carrier has not paid correctly, please contact them to dispute the charges.
- Please do not ignore your billing statements. If you have any questions or concerns about your bill, do not hesitate to contact the office manager.
- Deductibles, like copayments, are a part of your insurance contract and must be paid within 30 days of receiving your billing statement.
- Accounts that are 90 days past due will be subject to collection action. Any account turned over to collection would cause a breach in the physician/patient relationship, resulting in dismissal from the practice.
- In the case of divorce, the individual's name that appears on the patient's account will be held responsible for all outstanding account balances, with the exception of copayments being due at time of service.
- Effective May 1, 2018, it is our policy that patients missing scheduled appointments will be charged a "missed appointment fee" of up to \$50. This fee must be paid prior to the patient's next visit with our office.
- If you are unable to keep a scheduled well-check appointment, it must be canceled at least 24 hours in advance or a "late cancellation" fee of up to \$50 will be charged. Canceling your appointment in a timely manner allows us to accommodate another patient who may need an appointment.

I have read, understand and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as copayments and deductibles, are my responsibility. I authorize my insurance benefits be paid directly to Maumee Pediatric Associates. I authorize Maumee Pediatric Associates to release pertinent medical information to my insurance company as required for the payment of medical claims.

Print Name: _____

Signature: _____

Revised May 1, 2018