

## Insurance

- We will submit claims to your insurance company but you are responsible for any charges not covered by your policy.
- Please check with your insurance to verify routine and diagnostic benefits prior to a procedure or service being provided.
- In compliance with current legislation, any care provided outside of standard well visits will need to be documented and billed in addition to the exam. This may result in additional out of pocket costs.

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## Payment Options & Requirements

- We accept cash, checks or credit/debit cards. You may also pay on-line at Brookvillemedicine.com
- If you have no insurance, or have and insurance we do not participate with, we require payment at the time of service.
- If you have a high deductible plan, we ask that you make a \$50 payment at the time of service. We will submit the claim to your insurance and send you a statement for the remainder.

•	Patient/	Guardian	initials	

- Copays are due at the time of service per your insurance contract. If you are not prepared to pay there may be an additional fee.
- A fee will be assessed to your account for any returned checks in addition to any bank fees incurred.
- Outstanding balances are due within 30 days. If you are unable to pay the balance in full, please contact our billing department to discuss payment options.
- If your account is sent to a collection agency, you and your family will be discharged from the practice.

•	Patient/	Guardian	initials	

• For our pediatric patients whose parents are currently divorced or separated, or are going through a divorce, it is office policy to set the account up under the parent who has physical custody of the child/children. It is your responsibility to work out the payment of your child's medical care. Please do not place us in the middle of marital disputes.



## Cancellations, Late, & Missed Appointments

- <u>Cancellations are requested 24 hours prior to the appointment</u>. We will charge for a missed or late-canceled appointment.
- Our "no-show" policy states that after as few as 2 "no-shows" we may review the account for possible discharge action.
- If you are more than 10 minutes late for your appointment, you may be asked to reschedule.

## Forms & Records

- School or camp forms should be brought to your child's appointment. Please fill out your portion prior to visit.
- We do not keep a copy of completed forms but we can make you a copy at your request. We would suggest that you keep the copy on hand as there will be a fee if we need to redo a lost form. Payment for lost forms will be required at the time of pick up.
- There is a fee for FMLA forms, short-term or long-term disability forms. Payment is required at the time of pick up.
- There may be a fee when you request medical records. This request must be in writing.

I agree to abide by this financial policy. I understand that Brookville Pediatrics & Internal Medicine has the right to amend this policy at any time without prior notification. I authorize payment of medical benefits by the insured directly to Brookville Pediatric & Internal Medicine, authorize release of any information acquired through services or treatment given, and be responsible for all unpaid balances within 30 days unless a payment plan has been negotiated. I authorize Brookville Pediatric and Internal medicine to release any information required to process my claim. I realize that this authorization has no time limit, applies to everyone in my family, and can only be reversed by a written request to Brookville.

Patient/Guardian	
Signature	/Date//

If you would like a copy of this policy, please ask the receptionist.