Children First Pediatrics of Virginia, P.C.
Mary Beth Noonan, M.D., FAAP
(276) 638- KIDS

We must have your correct insurance information on file at all times. If the office does not have the correct insurance information and the insurance company denies the claim, the policy holder is then responsible for all costs on that day.

As there are many insurance companies and innumerable different plans, it is parents' responsibility to know the provisions of your insurance plan. Please remember that the policy holder must abide by the contract that he/she has entered into with the insurance company. These provisions may include, but are not limited to:

- Use of a particular laboratory appointed by your insurance company
- Need for a referral to see a specialist
- Requirement of pre-authorization for service

We have implemented a credit card on file policy to cover copays and balances. This will be an advantage to you, since you will no longer have to write a check and mail it. It will help us by decreasing the number of statements that must be mailed, which will keep costs down. Your ability to dispute your insurance company's charges will not be compromised using this process. You will have time to review the amount due before your credit card on file is charged the balance due. Patients without insurance will still need to make full payment on the day of the visit and will require a credit card if paying by check.

If a copay is required by your insurance, the payment is due at the time of service. A $20 billing fee will be charged if it is not paid at that time. If your insurance plan includes a deductible, the contracted fee will be payable by you at the time of the visit. Accounts with outstanding balances greater than 90 days old will be considered to be in collection status. At that point, physicals and well-baby checks will not be scheduled until the balance is paid, or a payment plan is arranged with our office.

Please feel free to ask any questions or speak with me about this policy, and thank you for your cooperation.

Sincerely,

Children First Pediatrics of Virginia, P.C.

_____ _____

Guardian Signature: Date:

Patient/Parent Account: _____

Card Type:_____ Name on Card: _____

Card #:_____ CVV#: _____Expiration:_____