



## **Financial Policy**

Welcome to Children First Pediatrics of Virginia, P.C. Thank you for choosing us for your Pediatric care. We strive for excellence in delivering the most advanced services available, while also providing reliable, confidential and compassionate patient care. Therefore, if you have any questions or concerns about our financial policies, please do not hesitate to contact our office.

**Please present your current insurance ID card at each and every visit.** If any changes occur with your coverage, we ask that you contact us immediately. In the event that we do not participate with your insurance plan, you will be responsible for the entire bill. **For Newborns (Birth to 8 days old), if the insurance information is not provided within 30 days, the balance of the claims will be transferred to patient's parent/guardian responsibility.**

As a service to you, our office makes an effort to obtain payment according to your coverage. Regardless of the type of insurance you have, you are ultimately responsible for paying your medical bills. At all times, it is your responsibility to follow up on all requests from your insurance company regarding claims. Patients with a balance of \$10.00 or less will not receive statements. Patients with a credit of \$10 or less will not be issued a refund check; instead, the balance/credit will remain on the patient's account and will be applied to future visits.

All co-payments and deductible amounts are due and paid at the time of service. If you are unable to pay your co-payment, you will need to reschedule your appointment. This policy is in accordance with legal requirements for collecting patient responsibility amounts. Unresolved balances may be placed with an outside collection agency and may also be subject to finance charges, and collection agency fees (25%). All fees will be owed in addition to the remaining balance. In case of an unpaid balance, you may be dismissed from our practice.

Additional services such as ear wax removal, wart removal, foreign body removal, etc. may or may not be covered by your insurance and therefore will be the financial responsibility of the patient.

If your insurance has a pre-certification or authorization requirement, it is your responsibility to obtain authorization for services rendered according to the plan's provisions. Failure to obtain pre-certification or authorization for services rendered may result in reduction or denial of benefit payments and you will be responsible for all balances due.

**If there is an acute illness that is discussed and managed during your child's well visit, then two services may be billed, an age appropriate well exam and a problem focused exam. A co-pay/co-insurance may be due as a result.**

If you do not have insurance, we do offer a 40% self-pay discount. You are expected to pay a \$75.00 copay at check-in, and you will be expected to pay the remaining balance for that date of service at check-out (same day).

Our practice accepts Visa, Master Card, Discover, American Express and debit cards. We also accept personal checks and cash.

**A \$75 fee will be charged for all checks that are returned to us by your financial institution and will be payable immediately. A \$75 fee will be charged for missed "no show" appointments. (*No Show: A patient missing a scheduled appointment without, at a minimum, a twenty-four (24) hour cancellation or rescheduling notice.*) Additional charges apply to services provided on holidays and weekends.**

**Authorization:** I agree to abide by the terms of the above financial policy and accept responsibility for any balance not covered by my insurance company(s). If my account becomes delinquent, I agree to pay all costs incurred in collection of the account, including necessary collection fees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_