Financial Policy

In order to reduce confusion and misunderstanding between our patients and the Practice, we have adopted the following financial policy. A complete understanding of your financial responsibilities is essential in what we hope is a long and healthy relationship with our office. Let us know as soon as possible if you have any change in insurance, employment, address or phone number.

KidzLife Pediatrics participates with most major insurance companies and will file all charges incurred on your behalf. In order to file promptly and accurately, an insurance card must be provided. Your insurance policy is a contract between you and your insurance carrier. Not all services are a covered benefit in all contracts. Each guarantor is responsible for knowing their plans benefit package, co-payment, co-insurance, deductible, non-covered services, and restrictions. You must also know your insurance company provision for office visits, well child visits, immunizations and annual routine exams including school, camp or sports physicals.

**Terms of Payment.** Payment is due at the time services are rendered unless other arrangements have been made in advance. This includes co-payments, co-insurances, deductibles, and non-covered services per your contractual obligations with your insurance company. This policy is in effect regardless of who brings the child in for the appointment, even if they are not the account guarantor. We are legally prohibited from writing off patient responsibility amounts.

**Co-Payments.** KidzLife Pediatrics is contractually obligated by your insurance company to collect your co-payment at the time of each visit. The cost of billing co-payments often exceeds the actual co-payment amount, therefore, our policy will be to add $10.00 processing fee if you are unable to make your co-payment at time of service.

**Forms of Payment.** KidzLife Pediatrics accepts cash, check, money order, VISA and MasterCard. If needed, we are eager to arrange payment plans.

**Billing Process.** Primary and secondary insurances are filed by our office on your behalf. Billing statements are mailed out bi-monthly and are due in full upon receipt. Once you receive a statement, the balance is your responsibility. Please pay promptly.

**Late Fees.** There will be a $5.00 late fee charged to any account that is 31-60 days past due. There will be a $10.00 late fee charged to any account that is 60-90 days past due. After 90 days, late accounts will be released to our collection agency.

**Returned Checks.** There will be a $25.00 service charge for all checks returned by your bank for any reason. After two return checks, you will be required to pay with cash or credit card for future services.

**Form Fee.** There will be a $10.00-$25.00 fee charged for specialized forms that are filled out by the doctor (FMLA papers, camp forms, school physical forms, insurance forms, disability determination forms, medical necessity forms, pre-op forms, etc.).

**Pediatric After Hours Fee.** There will be a $10.00 fee for each call made to the Pediatric After Hours Call Center. This is a service provided to help meet the needs of our patients after office hours. Once Pediatric After Hour’s is contacted, a note is generated for your child’s chart and the fee is generated. The practice is charged a fee for each call and that fee is forwarded to the patient.

**After Hours Call to the Physician.** There will be a $15.00 fee for each after hour calls, page, or text-message made directly to the physician. If the physician is contacted, a note is generated for you child’s chart and the charge will be assessed.

**Missed Appointments.** There will be a $25.00 fee for the 2nd missed appointment. After the 3rd missed appointment, you will be dismissed from the practice. Your appointment time is reserved especially for you. Please be respectful.

**Collections.** Once routine billing and collection practices have failed, unpaid patient accounts will be forwarded to Credit Clearing House of America, the collections agency currently used by KidzLife Pediatrics.

**Overpayment.** In the event of an over payment on the account by the insurance carrier or the patient, a refund will be issued immediately. Alternately, this can be used as credit on your account if you wish.

**Financial/Billing Questions.** All questions or concerns regarding charges, billing and collections should be directed to the front desk. If questions are not satisfied, KidzLife Pediatrics has a practice consultant who handles situations as they arise. As a policy, the physician does not discuss billing issues with patients.

I have read and understand the financial policy of KidzLife Pediatrics.

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Signature ____________________ Date ____________________