

EAST AURORA PEDIATRICS FINANCIAL POLICY

Welcome to East Aurora Pediatrics. In order for our medical staff to be able to deliver the quality of care that you are accustomed to; we have established our financial policies. The following is a list of guidelines that are necessary in order to continue to provide high quality care and make your visit as pleasant as possible.

PLEASE READ ALL INFORMATION AND ACKNOWLEDGE BY SIGNING BELOW:

1. We ask that you present your insurance card at each visit. It is your responsibility to provide us with the correct information to bill your insurance.
2. If you have a change of address, telephone numbers, or employer, please notify the receptionist.
3. All co-payments and past due balances are due and payable at the time of service. We accept cash, checks and major credit cards. There is a service charge of \$25.00 for returned checks.
4. If your account becomes delinquent we reserve the right to defer your account to a collection agency and to be reported to the credit bureau.
5. **HMO-PPO PATIENTS:** If we participate in your plan, we will bill your insurance for you. Your co-payment will be collected at the time of service-no exceptions. If your plan requires you to choose a primary care physician (PCP), it is your responsibility to make sure your insurance company has one of our physicians listed.
6. **SELF-PAY PATIENTS:** Patients with no insurance will be expected to pay at the time of service. If you will not be able to pay in full; you must speak to our office manager or billing manager to make payment arrangements prior to seeing the physician or nurse practitioner.
7. **No Show or Missed Appointments:** When an appointment is scheduled with the doctor and/or nurse practitioner time is specifically allocated to you. When an appointment is not cancelled in advance and the patient "no shows", another patient that needed to be seen may have been unable to because the time slot was already taken. We understand that an emergency may arise, but we ask the courtesy of a phone call to cancel an appointment. You will be charged a \$25.00 fee for failure to keep this appointment. If three consecutive appointments are missed, you will be dismissed from the practice for non-compliance.
8. Your insurance is a contract between you, your employer and the insurance company. **We are not a party to that contract.** It is very important that you understand the provisions of your policy. We cannot guarantee payment Reduction or rejection of your claim by your insurance does not relieve you of your financial obligation.
9. It is the policy and regulation of your HMO or PPO that a co-pay will be required if there is a separate identifying diagnosis made at the time of a routine well visit.

Remember, whether you do or do not have insurance, you are ultimately financially responsible for payment of your charges. If you have any questions regarding our financial policy, please contact our billing department at (716) 652-0237 and press 5.

NOTE: In divorce cases, the adult seeking treatment is responsible for the bill. If the court has awarded custody of minor children to one person and financial responsibility to another, the person bringing the child is still responsible for payment. You may bill your estranged; but it is not the responsibility of the practice.

I have read and have a full understanding of the financial policy of East Aurora Pediatrics.

Signature: _____

Date: _____