



As the health insurance market changes, many of our patients' families will be facing **large deductible** costs before their new health insurance provides coverage for medical payments. Others may encounter **higher co-pays** for office visits. **Please realize that we cannot be absorbing these costs for you.** Therefore, we have adopted this **Financial Policy** for our office that we require all parents and guardians to **read and sign at the bottom.** If you have any questions, do not hesitate to ask a member of our staff. We accept cash, checks, Visa, MasterCard, and Discover cards.

1. There are many different types of health insurance, plans, and coverage levels. Most families have health insurance of some type for their children, but it is still the **parent's or guardian's responsibility to make sure that all charges for our services are paid.**
2. If applicable according to your health insurance plan, **you are responsible for all co-payments, deductibles, and coinsurances** for all medical services received. These fees are determined by the insurance company you selected, not by us.
3. **All co-payments are expected to be paid at the time of service.** This is an insurance company requirement.
4. We consider the **parent that schedules the child's appointment and/or accompanies the child on the visit to be personally responsible for all past and present charges.**
5. **We are required to see your child's health insurance card at each visit.** If we are your child's primary care physician (PCP) and your insurance requires it, make sure the **name of Dr. Vitale, Dr. Concannon, or Atlantic Pediatrics appears on your card.** If your insurance company has not yet been informed that we are your PCP, you may be financially responsible for your current visit.
6. It is your responsibility to keep us updated with your **correct insurance information.** If the insurance information you provide us with is incorrect, you will be responsible for payment of the visit.
7. It is your responsibility to know which of our medical services are covered by your insurance company. For example, **not all plans cover well visits, sports/camp physicals, virtual or video visits (telemedicine). Recommended shots, vision, hearing, and developmental screenings may or may not be covered by your insurance.** If these are not covered, you will be responsible for payment for those services. We suggest before you make an annual physical appointment, that you check with your insurance company to see whether the visit will be covered as a healthy (well-child) visit.
8. **Care rendered related to sick child issues and chronic care follow ups are not considered well-child care and are not covered by well-child care No Co-Pay rules. This applies even if the child was originally scheduled for a well-child visit but has health concerns brought up during the physical exam. We may perform tests for strep, flu, COVID etc., that might also result in a copay or deductible charge for you.**
9. Once the health insurance company has settled the claim with us for each visit, we will bill you for any amounts due but not paid by your insurance under the contract terms. **Your payment to us is due within 10 business days of your receipt of our bill for our services.**
10. It is your responsibility to know if a written referral authorization from us is required to see specialists, and whether the specialist is participating with your health insurance. Remember, we must approve all such referrals authorizations **before** they are issued.
11. **It is your responsibility to understand your health insurance plan** about the need for you to receive medical services at participating specialists, labs, x-ray centers, and hospitals.
12. If you do not have current health insurance, if we do not participate in your insurance plan, or if you cannot prove current health insurance, you are expected to **pay for services in FULL at the time of the visit.** We accept cash, checks, Visa, MasterCard, and Discover credit and debit cards.
13. Unless previous arrangements have been made with our office for a payment plan, any unpaid amounts due to us for **longer than 90 days will be forwarded for collection action.** You will be responsible for any reasonable attorney fees we incur to collect the debt.
14. **There is a charge of \$20 for missed appointments. Please know that insurance companies (including Medicaid/RiteCare) will NOT pay this bill for you.**
15. **A \$20 fee in addition to all bank fees will be charged for any bounced checks (insufficient funds).**
16. For well-child and physical appointments, **any prior unpaid amounts due to us must be paid before we issue the Physical Exam and clearance form.**
17. We will give you a **physical form and vaccine record** at the time of your child's annual well-child physical provided your balance due us is up to date. It is your responsibility to keep and make copies of the form as needed throughout the upcoming year. However, should you lose this form and need to replace it there will be a **\$5 charge for a new copy.**
18. Any special school, camp, or sports physical forms that are requested are subject to a **\$5-per-form fee.** This includes Family and Medical Leave Act forms and many special football clearance forms. Payment is due when the forms are dropped off. We require a 3-day turnaround time. Other fees may apply in special circumstances.

I have read and understand this Financial Policy and agree to comply and accept the responsibility for any payment that becomes due as outlined above.

Patient Name: _____ Parent Signature: _____ Date: ____/____/____