

PEDIATRIC HEALTH ASSOCIATES, P.C. FINANCIAL POLICY

THANK YOU for your trust in choosing us to serve your child's health care needs. In order to serve you, all new patients must complete our "PATIENT INFORMATION FORM" before seeing the doctor. As we enter this doctor-patient [parent] relationship, we agree to provide quality pediatric service at a fair and reasonable price, and you in turn, agree it is your obligation to be prepared to pay at the time of service and to understand the benefits of your insurance for physician office visits. We want to explain our Financial Policy to you so there are no unpleasant surprises

Regarding Insurance: Your insurance policy is a contract between you and your insurance carrier. Pediatric Health Associates, P.C. is not a party to that contract. Not all services are a covered benefit in all contracts [often well exams and immunizations are not]. It is your responsibility to be aware of your insurance company's provision for payment of office visits, well-child visits, immunizations and annual routine exams including school, camp or sports physicals.

Unless previous arrangements have been made, payment is due at the time of service. If your insurance requires a co-payment, it is due at the time of service. The insurance companies require that a co-payment be made at every office visit, with few exceptions for some plans. Due to the high costs of billing, if regular payment of co-payments is not made at the time of service, there will be a \$5.00 billing charge added for any amounts that need rebilled after 30 days and for each subsequent statement sent.

For the convenience of our patients, we accept cash, checks, Visa/Mastercard. It is our office policy to bill insurance plans in which you participate as a courtesy to you. Nevertheless, you are responsible for payment regardless of any insurance company's decision to deny coverage or to reimburse less than our charge. Please read our FINANCIAL POLICY brochure to get more details about our billing and collection policy and for any additional charges that may be necessary.

Since most patients we see are minors, we consider the adult accompanying the child as the responsible party, unless other arrangements have been made previously. Our policy is to charge \$25.00 for missed appointments, unless canceled 24 hours in advance. Please help us serve you better by keeping scheduled appointments. An additional \$22.00 fee will be charged for any returned checks from the bank. There will be a prepaid fee for copying medical records with a \$10.00 minimum.

We participate with Pennsylvania Blue Shield, Keystone, Health America, South Central Preferred, Health Assurance, Health-One, Aetna/U.S. HealthCare and Cigna HealthCare, to name a few. We are not currently accepting any new patients on Medical Assistance, as our enrollment is full.

Our Billing Office is available during office hours to discuss our charges, insurance questions, the status of your account, and to help you with any billing or insurance questions. You may call the Billing Office directly at (717) 755-6260. Thank you for understanding our financial policy and please keep our records current with any changes in address, phone number, or insurance information.

I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY AND AGREE TO THE TERMS LISTED ABOVE.

Signature of Responsible Party _____ Date _____