



Physicians to Children, Inc.

**Thank you for choosing *Physicians to Children, Inc.* as your healthcare provider. We are committed to providing the best medical care possible. Please understand that payment of your bill is considered a part of your treatment. The following statement explains our Financial Policy which we ask you to read prior to your treatment.**

### **Insurance Plans**

- It is your responsibility to keep us updated with your correct insurance information. **If the insurance company you designate is incorrect, you will be responsible for payment of the visit.**
- If we are your primary care physician make sure our name or phone number appears on your card. If your insurance company has not yet been informed that we are your primary care physician, you may be financially responsible for your current visit.
- It is your responsibility to understand your benefit plan with regard to covered services and participating laboratories.

### **Financial Responsibility**

- According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances.
- **Co-payments** are due at the time of service.
- Co-pays not paid at time of service are subject to a \$15.00 processing fee.
- Self-pay patients are expected to pay for services in full at the time of the visit.
- If we do not participate with your insurance plan or cannot verify active insurance, payment in full is expected from you at the time of your visit.
- Patient balances are billed monthly. Your remittance is due within 30 days of your receipt of your bill.
- If previous arrangements have *not* been made with our business office, any account balance outstanding longer than 45 days will begin our collection process. If not paid within 90 days this balance could be sent to our attorney and will incur additional fees.
- Delinquent accounts requiring legal action twice will result in dismissal from the practice.
- For scheduled appointments, prior balances must be paid prior to the visit.
- We accept cash, checks, Visa, MasterCard, Discover, and American Express credit and debit.
- A fee will be charged for any checks returned for insufficient funds.