



Office Policy: Balances, copays and deductibles on all accounts are due at the time of service, unless other arrangements have been made. If you have a deductible plan, please see the cost estimator from your insurance carrier prior to your appointment. Account information such as mailing address and phone numbers must be kept up to date. Identification and insurance card may be asked for at each visit, policy holders or guarantor's date of birth and social security number are required for account verification.

Medical Services: In compliance with national guidelines, well child checks do not include chronic disease, acute illness or prescription management. If your child receives services for a diagnosis that is symptomatic, another visit charge will be incurred. Your insurance may require patient copay in this situation. As a courtesy, Chester Pediatrics, will bill your insurance company for services rendered. It is the patient's responsibility to know the coordination of benefits for their own policies and what services are covered. Medication refill request, referrals and form completion will take up to 72 business hours.

Self-Pay and Non-covered Services: Self-Pay patients are required to pay for the service in full at the time of visit. A self-pay, same-day payment in full discount of 25% will be applied to the visit if all balances on guarantor's accounts are satisfied. If only half is paid, then a 15% discount will be applied. A \$5 fee exists for physical, camp, athletic or any other school form that is not brought or requested during yearly preventative checks. Other forms, such as, FMLA, insurance eligibility, letters to attorneys, etc. can be filled out and will be charged based on time spent and complexity. Medical record search and copy fee's for requested records are priced at state allowed rates. Any care not paid for by your existing insurance coverage will require payment in full at the time services are provided or immediately upon notice of insurance claim denial. You will be responsible for communicating with your carrier regarding denied services.

Forms: Please fill-in your portion of all paperwork that you need us to complete for school and daycare including health forms, medication forms, emergency treatment forms, and sports physical forms and bring to your appointment. Give these to the nurse at the beginning of your appointment so that they can be completed during the appointment. There is a form fee for any forms not completed during the visit.

Returned Checks: Checks returned to us by your bank will be assessed a return check fee of \$25.00.

Arrival Time: is crucial for a complete visit. If you arrive 15 minutes late for an appointment, you may need to be rescheduled. We ask that patients arrive early to complete check-in, forms and/or registration.

Prescriptions: Prescriptions will be written & supplied during your scheduled appointment. When you are seen in the office, your doctor will give you prescriptions with appropriate refills until your next appointment. Please understand, our providers will not write a prescription unless they have seen and/or treated a patient for a diagnosis related to medication needs.

Emergencies: If you have an **emergency** situation after office hours that requires immediate attention that cannot wait until the office opens, the provider on-call can be reached by calling the answering service through the office. If you have a **life threatening emergency** situation arise during non-office hours, **call 911** or go immediately to Emergency Department at your nearest hospital.

Saturdays: Saturday hours are available for urgent medical concerns in our Chester office by calling 748-9090. We ask that you reserve Saturday calls to emergencies and acute sick questions only.

Missed Appointments: Courtesy appointment reminder calls are made to confirm you will be at your child's scheduled appointment. Failure to keep your child's appointment without providing notice will result in a \$50.00 No Show Fee. Canceling an appointment with less than 24 hours' notice will result in a \$25 fee. If you are unable to keep your scheduled same-day appointment, please call the office. We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. Providing proper notice allows for that time slot to be given to another patient.

Payments and Statement Balances: Charges reflected on billing statements are agreed to be correct and reasonable unless disputed in writing within 30 days of the billing date. Payment is due within 30 days of the statement date; interest will accrue at the rate of 1.5% per month after the initial 30 day period.

Consent to treat and release medical information: I hereby assign all medical and/or surgical benefits, to include major medical benefits to which I am entitled, private insurance and any other health plans to the rendering physician. I authorize said assignee to release all information necessary to satisfy national healthcare and quality standards as well as secure payment for services rendered. I also understand that I am responsible for all charges (including non-covered charges) arising from the treatment of the above named patient(s). Should this account become delinquent, I agree to pay fees for any collection agency placement. These fees may be based on a percentage of up to 34% of the debt and all cost, expenses and reasonable attorneys' fees that are incurred for debt collection efforts. I certify that the demographic information provided on the registration form is true to the best of my knowledge. I have read, understood and agree to be bound by the terms of this financial policy. By signing this form, you are giving permission for your child or ward to receive recommended vaccinations and treatments as discussed by the provider. This signature is valid until notification in writing is received.

Parent/Guardian Print Name: _____ **Patient Name:** _____

Parent/Guardian Signature: _____ **Date:** _____