



FINANCIAL POLICY

Welcome to Northside Pediatrics, PC. In order to better serve you and your children, Northside Pediatrics would like for you to understand our financial policy.

Payment is required at the time of services unless other arrangements have been made in advance. This includes all applicable copayments and coinsurance payments for participating insurance companies. Northside Pediatrics, PC accepts cash, personal checks, VISA, and MasterCard. We offer a 20% courtesy discount for all self-pay patients paying in full at the time of service.

Because we cannot predict exactly what services will be provided to your child, we cannot precisely tell you ahead of time how much your charges will be. You may receive a printout of your charges at the end of your visit if you desire.

Insurance

We bill participating insurance companies as a courtesy to you. You are expected to pay your copay and deductible at the time of service. If we have not received payment from your insurance company within 45 days of the date of service we may bill you for the remaining balance. **It is the parent's responsibility to provide Northside Pediatrics, PC with a current insurance card at every visit.**

We do not bill secondary insurance companies. We can provide you with a receipt of service that includes all information necessary for you to submit a claim to your secondary insurance.

If you have questions or need assistance, please call the Billing Office between 8:30am and 5:00pm Monday through Friday at 478-477-4044.

Appointments

In order to stay on schedule, we appreciate that you be on time for your appointment. Please call 24 hours in advance if you are unable to make your scheduled appointment. Appointments not cancelled within 24 hours may be subject to a **\$35 missed appointment fee.**

Refunds

Overpayments will be refunded to the responsible party within 30 days of written request.

Returned Checks

If your check is returned, a **\$30 return fee** will be charged to your account.

Walk-Ins

Patients who are not having a medical emergency and ask to be seen by a physician without having a scheduled appointment will be charged a **\$25 walk-in fee**.

Price Increases

Our price schedule is reviewed on an annual basis.

Statements

Account statements are sent each month to patients with balances that are patient responsible. Insurance billable items are not billed to you until your insurance company informs us that the charges are your responsibility. If you believe that you are being billed in error, please let us know immediately.

Collections

Accounts with balances older than six months, which have not had a payment on the oldest balance for that period of time, may be turned over to an outside collection agency. We are willing to set up payment arrangements, if needed. Please call the Billing Office to set up arrangements.

I have read and understand the Northside Pediatrics, PC Financial Policy. I agree to assign insurance benefits to Northside Pediatrics, PC whenever necessary. I also agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed, I will also be responsible for the fee charged by the collection agency for collection costs associated with my account.

Signature of insured or authorized representative:

Date: _____