



Patient Financial Guidelines

Your financial responsibility depends on a variety of factors, explained below:

<i>If you have...</i>	<i>You are responsible for...</i>	<i>Our staff will....</i>
Medicaid (limited)	We do not accept all Medicaid HMO Plans. We will file all covered services to Medicaid or your Medicaid HMO if we are the PCP and we are contracted with your Medicaid HMO. If we are not the PCP or are not contracted with your Medicaid HMO, all services will be due in FULL at the time the services are provided.	File to your insurance company and/or accept any payment due.
HMO & PPO Plans we participate with	If the services you received are covered by your plan: All applicable co-payments and deductibles are due at the time of the visit.	Accept your payment and file a claim to your insurance.
Limited Plans	Full payment for services provided at the time of service.	Accept your payment and file a claim to your insurance accepting assignment.
Commercial Insurance (Also known as indemnity, regular insurance, or 80/20 coverage)	All applicable co-payments and deductibles at the time of the visit.	Accept your payment and file a claim to your insurance.
HMO's that we are not contracted with	Payment in FULL at the time of service for the visit, injections or any other service(s) provided.	Accept your payment and file a claim to your insurance.
Self Pay	Payment in FULL at time of service is expected. Any additional fees will be settled at the time of the visit. Cash, debit/credit card or check is the preferred method of payment. If there is a history of NSF fees, only cash will be accepted.	Accept your payment.
HSA Plans	You must return to the registration area to pay with your HSA Debit Card.	Accept your HSA card payment.
HRA Plans	Your HRA will be billed. If the funds are exhausted, then you will be expected to pay at the time services are provided.	Accept your HRA insurance card payment and/or accept your personal payment.
All Carriers	You are responsible for providing the correct information of (and or changes to) your insurance coverage at the time of the visit. You are also responsible for knowing what your benefits are. If you don't understand what your benefits are, please contact your insurance carrier by calling the Customer Service number on your insurance card.	Schedule an appointment once your coverage has been verified.



FINANCIAL POLICY

The doctors and staff at Lakeside Pediatrics would like to thank you for choosing our Practice. We strive to provide you with excellent medical care and our goal is to make your visits as convenient as possible.

By signing below you confirm that you have read this policy and understand that:

- **Demographic Changes:** It is your responsibility to inform our office of any address or telephone number changes.
- **Due at Time of Service:** Your account is to be kept current. Accordingly all self-pay or insurance co-payments, co-insurances and deductibles will be collected at the time of service. Payable by cash, check, Visa, MasterCard or American Express.
- **Appointments:** If you do not have your payment(s), your appointment may be rescheduled. You may be asked to schedule another appointment for issues other than the reason for your original appointment.
- **Returned Check Fee:** A returned check will result in a \$25 service charge **and** all future payments being required in the form of cash or credit card.
- **Statements / Late Fees:** You will only be sent a statement if your balance exceeds \$5 and you will only receive a refund if the credit amount is over \$25. Refunds will be issued within 4-6 weeks from the date requested, if there are no pending insurance claims. For all outstanding balances due **we will send ONLY 2 statements** requesting your payment for the balance due. First Statement - issued no more than 30 days from your balance inception. Balance inception date is defined as the date the balance becomes due and owing. For self pay patients this will be the date of services rendered. For insurance patients this will be the date your insurance company adjudicates your claim. Second Statement - issued no more than 60 days from your balance inception **will include a late fee of \$25.00.**
- **Medical Records Costs:** The first set of medical records or forms completed will be provided at no cost. We will charge the state mandated maximums for duplicate medical records and paperwork (ex: disability, FMLA, etc.).
- **Collections actions:** Action will be taken on ALL accounts due and owing 60 or more days and which are not identified as a Payment Plan account. Responsible Parties who will not make an effort to seek assistance and payment plans with us may be subject to the family being dismissed from the practice.
- **Collection Agency:** If your account is turned over to a collection agency, you will be responsible for any costs incurred in collection of said balance, which may include collection agency fees up to 50% of your outstanding balance, court costs and attorney fees.

If you have health insurance coverage:

We will submit your claims, however **we must emphasize that as medical providers, our relationship is with you, not your insurance company. In no circumstance will we be responsible for the accuracy of information provided to you or to us by your insurance company.** Although we attempt to verify your benefits with your insurance policy, please be advised this is only an estimate of your coverage based on the information given to us at the time of the inquiry.

By signing below you confirm that you understand:

- It is your responsibility to inform us of any changes to your insurance policy so that your coverage can be re-verified prior to your appointment.
- Not all services are a covered benefit with all insurance plans.
- It is your responsibility to be aware of what service(s) is being provided to you and if it is a covered benefit under your insurance policy.
- You are responsible for any non-covered charges not payable by your insurance policy.
- Although filing your insurance claims is a courtesy extended to you, all charges are always your responsibility from the date services are rendered.
- For patients covered by a health plan which has not contracted directly with us, we will file your insurance on hospitalizations only. For office services we require payment at the time of the appointment; an itemized receipt which you can submit to your insurance company for reimbursement will be provided.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we urge you to contact us promptly for assistance in the management of your account. If you have any questions about the above information, *please* do not hesitate to ask us. We are here to help you.

I have read and understand the above Financial Policy and agree to meet all financial obligations.

Parent/Responsible Name (Please Print)

Date

Parent/Responsible Signature

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