

Jackson Pediatric Associates Financial Policy

We are dedicated to providing you with the highest quality of care available. Your understanding of our Financial Policy is important to our professional relationship.

- **FULL PAYMENT IS DUE AT THE TIME OF SERVICE** unless prior arrangements have been made. We accept cash, personal checks, Visa, Mastercard, Discover, American Express and debit cards.
- **BILLING:** It is the policy of this office not to bill or extend credit. You are required to pay at the time of service. We cannot hold personal checks.
- **INSURANCE:** We accept most insurance plans; however you are responsible for any deductibles, coinsurance, or copays at the time of service. You are responsible for the bill in full if no payment is received from your insurance company. It is your responsibility to notify our office of any insurance changes. Failure to bill an insurance company in a timely manner may result in non-payment; you will then be responsible for full payment.

Insurance coverage is a contract between you and your insurance company. We do not get involved in disputes between you and your insurance company. Our office bills only the primary insurance company and does not bill secondary insurance companies for copays.

- **RETURNED CHECKS:** All returned checks will be charged a \$25 service fee not billable to your insurance company.
- **RESPONSIBLE PARTY:** The guardian who brings that child in the office is responsible for payment during that visit. Divorce settlements/financial responsibility issues must be settled between the parents. We do not get involved in these issues.
- **MISSED APPOINTMENTS:** There will a \$25 no show fee for all missed appointments not cancelled within 24 hours.
- **COLLECTIONS:** If at anytime your account requires outside collection efforts, you will be responsible for your balance plus all fees from the collection agency.

I UNDERSTAND AND AGREE THAT, REGARDLESS OF MY INSURANCE STATUS I AM RESPONSIBLE FOR MY ACCOUNT. I HAVE READ ALL OF THE INFORMATION ON THIS SHEET AND UNDERSTAND IT TO THE BEST OF MY ABILITY.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____