

Growing Kids Pediatrics, LLC
3707 Charlestown Road, Suite C 1
New Albany, Indiana 47150
812-944-4575

FINANCIAL POLICY

Growing Kids Pediatrics, LLC participates with most major insurance companies and will file all charges incurred on your behalf. In order to file promptly and accurately, an insurance card must be provided. Your insurance policy is a contract between you and your insurance carrier. Not all services are a covered benefit in all contracts. Each guarantor is responsible for knowing their plan's benefit package, co-payment, co-insurance, deductible, non-covered services and restrictions. You must also know your insurance company's provision for office visits, well child visits, immunizations and annual routine exams including school, camp or sports physicals.

Terms of Payment – Payment is due at the time services are rendered unless other arrangements have been made in advance. This includes co-payments, co-insurances, deductibles and non-covered services per your contractual obligation with your insurance company. This policy is in effect regardless of who brings the child in for the appointment, even if they are not the account guarantor.

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Co-Payments - Growing Kids Pediatrics, LLC is contractually obligated by your insurance company to collect your co-payment at the time of each visit. We are contractually prohibited from writing off patient responsibility amounts.

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Forms of Payment - Growing Kids Pediatrics, LLC accepts cash, check, money order, VISA and MasterCard. If necessary, we are eager to arrange payment plans.

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Billing Process – Primary and secondary insurances are filed by our office on your behalf. Billing statements are mailed out monthly and are due in full upon receipt. Once you receive a statement, the balance is your responsibility. Please pay promptly.

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Late Fees – There will be a \$5.00 late fee charged to any account that is 31-60 days past due. There will be a \$10.00 late fee charged to any account that is 61-90 days past due. After 90 days, late accounts will be released to our collections agency

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Returned Checks – There will be a \$25.00 service charge for all checks returned by your bank for any reason. After two returned checks, you will be required to pay with cash or credit card for future service.

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Form Fee – There will be a \$10.00 - \$25.00 fee charged for specialized forms that are filled out by the doctor (FMLA forms, camp forms, school physical forms, insurance forms, disability determination forms, medical necessity forms, pre-op forms, etc.)

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Missed Appointments – There will be a \$25.00 fee for the 2nd missed appointment. After the 3rd missed appointment, you will be dismissed from the Practice. Your appointment time is reserved especially for you. Please be respectful.

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Collections – Once routine billing and collection practices have failed, unpaid accounts will be forwarded to the collections agency currently used by Growing Kids Pediatrics, LLC

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Overpayment – In the event of an over payment on the account by the insurance carrier or the patient, a refund will be issued immediately. Alternately, this can be used as credit on your account if you wish.

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Financial/Billing Questions – All questions or concerns regarding charges, billing and collections should be directed to the Billing and Insurance Department.

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I have read and understand the Financial Policy of **Growing Kids Pediatrics, LLC**.

Patient Representative Signature

Date

Patient Name

DOB