

Financial Policy

To our patients:

Thank you for selecting Tendercare Pediatrics for your child's medical care. We strive to provide and maintain a good physician-patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve this goal. Please read carefully and if you have any questions, please do not hesitate to ask a member of our staff.

1. On arrival, please sign in at front desk and present your current insurance card at every visit. You will be asked to sign and date the file copy of the card. This is your verification of the correct insurance and consent to bill them on your child's behalf. **If the insurance company that you designate is incorrect, you will be responsible for payment of the visit and to submit the charges to the correct plan.**
2. If we are your primary care physician, make sure our name or phone number appears on your card. If your insurance company has not been informed that we are your primary care physician **as of this date**, you may be financially responsible for the visit.
3. According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances.
4. We do not submit to secondary insurance plans. If you have secondary insurance, we will provide you with a receipt to submit for reimbursement. Your secondary insurance will send the reimbursement check directly to you. **You are responsible for any balance on your account.**
5. **It is your responsibility to understand your benefit plan.** It is your responsibility to know if a written referral or authorization is required to see a specialist, if preauthorization is required prior to procedure, and what services are covered.
6. If our Physicians do not participate in your insurance plan, payment is to be paid at the time of the visit.
7. Co-payments are due at time of an office visit.
8. Not all services provided by our office are covered by every plan. Any services determined to not be covered by your plan will be your responsibility.
9. Unless other arrangements have been made with our billing staff, balances must be paid prior to making scheduled appointments.
10. Before making an annual physical appointment, check with your insurance company whether the visit will be covered as a healthy visit. Not all plans cover annual healthy physicals or immunizations. If not covered, you will be responsible for payment at time of visit.
11. Advance notice is needed for all non-emergent referrals, typically 3 to 5 business days. It is your responsibility to know if a selected specialist participants in your plan. Remember your primary care physician must approve referrals before being issued.
12. If you require a replacement copy of your child's immunization record to be made, there is a charge of \$5.00 and a 24 hour turnaround time for replacement.
13. We require a 24-hour notice for canceling any appointments. There is a \$25.00 charge if 24 hour notice is not given.
14. A \$25.00 fee will be charged for any checks returned for insufficient funds; plus any bank fees incurred.
15. We charge \$0.60 per page to copy medical records or a max of \$25.00.

_____INITIALS

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I have read and understand this office financial policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.

Patient Name(s): _____

Responsible party member's name: _____

Relationship: _____

Responsible party members' signature: _____

Date: _____