

Shoreline Pediatrics & Adolescent Medicine, P.C.

FINANCIAL POLICY

Thank you for choosing SHORELINE PEDIATRICS & ADOLESCENT MEDICINE to provide for your child's health care needs. We are committed to providing high-quality health care, while doing everything possible to hold down medical costs. You can help by eliminating the need for us to bill you. Our billing department is dedicated to assisting you with any problems or questions with your account. Please contact Nancy, Sue, or Terry Monday through Friday between 8:30 am and 12:00 pm at 203.421.3600 with any concerns. The following is a statement of our financial policy. Please read it carefully.

Types of Payers

Insurance

We bill participating insurance companies as a courtesy to you. Payment for all visits is required at the time of service. We accept cash, check, Visa, Master Card and American Express. Insurance co-payments are charged for every visit to our office. This is true for health maintenance visits (regular check-ups), follow-up visits, sick visits, and visits for immunizations only. As of January 1, 2009 a \$10 administration fee will be charged if insurance co-pay is not paid at the time of the visit. Individual contracts may vary. It is your responsibility to know the details of your insurance plan. This is particularly important to keep in mind when scheduling regular check-ups. Some plans have specific restrictions as to the frequency or timing of these visits. Failure to adhere to these restrictions will result in absent insurance coverage in which case the charges would be your responsibility. If we have not received payment from your insurance company within 45 days of the date of service, the balance will be your responsibility. It is therefore important to provide us with your most recent insurance information. We do not bill insurance companies that we do not participate with.

Self Pay

We provide a significant discount for those who do not have insurance when you pay for your visit **in full** on the same day.

Refunds

Overpayments will be refunded upon your request or can be assigned to your account as a credit for future payments.

Missed Appointments

Broken appointments represent a cost to us, to you, and to our other patients who could have been seen in the time set aside for you. If you are unable to make it to a scheduled appointment, please give us at least 24 hours of notice. Excessive abuse of scheduled appointments may result in discharge from the practice.

Overdue Balances

Patients with an outstanding balance of 90 days must make arrangements for payment prior to scheduling appointments for well-child check-ups. Please make arrangements with our billing department for financial hardship and budgeted payment plans. If arrangements have not been made prior to a scheduled visit it will be rescheduled.

I have read and understand the Shoreline Pediatrics Financial Policy. I agree to assign insurance benefits to Shoreline Pediatrics 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 also will be responsible for the fee charged by the collection agency for the cost of collections. There may be a fee associated with any request to copy records.

Account # _____

Signature of Guarantor: _____ **Date** _____