

# Hometown Pediatrics

## FINANCIAL POLICY

**Welcome and thank you for choosing Hometown Pediatrics for the medical needs of your child. We are dedicated to providing the best possible care for your child, and we want you to completely understand our financial policies. Our professional fees have been determined through careful consideration, in addition to being reasonable and customary within our geographical area. The following is a list of guidelines that are necessary in order to continue to provide high quality care and make your child's visit as pleasant as possible.**

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**Appointments:** Please inform our receptionist at the time of making your appointment of any demographic changes (e.g. - address, telephone number, insurance, etc.). Failure to notify us immediately of changes in demographic information, financial status and/or insurance coverage may result in you being responsible for any service not covered by your insurance carrier.

**Self-pay Accounts:** Patients with no insurance will be expected to pay at the time of service. If you will not be able to pay in full, you must contact our billing department prior to seeing the doctor to make payment arrangements.

**Co-pays:** The patient is expected to present an insurance card at each visit. All co-payments and past-due balances are due and payable at the time of service.

**Insurance:** If we participate with your plan, we will directly bill your insurance. Keep in mind that your insurance policy is basically a contract between you and your insurance company. Not all insurance plans cover all services. In the event your insurance plan determines a service to be "not covered," you will be responsible for those charges. Payment is due upon receipt of a statement from our office within 30 days.

**Referrals:** It is the responsibility of the patient to know their insurance plan's procedures for referrals. If your plan requires a referral, it will be necessary for you to inform us of that prior to you scheduling an appointment with a specialist. We kindly ask that you notify our office 5 (five) business days prior to non-urgent referral visits.

**Late Arrival:** As a courtesy, please arrive at least 5 minutes prior to your appointment. If you are more than 20 minutes late, it may be necessary to re-schedule your appointment to another day in order to prevent inconveniencing other patients.

**No-Shows or Missed Appointments:** When an appointment is scheduled with the doctor, time is specifically allocated for you. When an appointment is not canceled in advance and the patient "no shows", another patient that needed to be seen may have been unable to because the time slot was already taken. We understand there may be times when you are unable to keep an appointment, but we ask the courtesy of a phone call to cancel your appointment. We wish to advise you that all appointments will require a 24-hour notice of cancellation by you. ***If an appointment is missed without 24-hours prior notice, you will be charged a \$25.00 fee.*** This fee is not payable by your insurance company and will be your responsibility.

**Child Custody/Divorce Cases:** This office will not bill a divorced spouse for the patient's service. It will be the responsibility of the parent or guardian that brings the child in for all co-pays, deductibles or balances. It is the parents' obligation to work out agreement themselves or through the court system.

**Late Fee Charge:** The office reserves the right to charge a 1.5% late fee on all unpaid balances that are 60 days overdue. This will accumulate on balances only until paid in full.

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**I have read, understand and agree to the above Hometown Pediatrics Financial Policy. I also understand and agree that such terms may be amended by the practice at any given time.**

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Signature of Parent of Guardian

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Patient Date of Birth

