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**Children's Medical Group, P.A.**

**FINANCIAL POLICY**

Our goal is to provide and maintain a good physician – patient relationship. In order to reduce confusion and misunderstanding between our patients and practice, we have adopted the following financial policies. If you have any questions regarding these policies, please discuss them with our office manager. We are dedicated to providing the best possible care and service to you and regard your complete understanding of our financial responsibilities as an essential element of your care and treatment.

- Unless either you or your health insurance carrier have made other arrangements in advance, full payment is due at the time of service. For your convenience we accept cash, VISA, MasterCard, and Discover.
- It is our policy to add an additional \$10.00 late fee to the balance owed every 30 days if it is not paid in full from the statement date or unless payment arrangements are made.
- Unpaid balances over 90 days will be turned to collections and will incur an additional 20% service fee to the outstanding balance.
- If accepted as a private pay patient by Children's Medical Group, you will be responsible for paying for any services you receive at the time of service. We will not file a claim to Medicaid for these services.

**Your Insurance:**

- We have made prior arrangements with many insurers and health plans to accept an assignment of benefits. This means that we bill those plans for which we have an agreement and will only require you to pay the authorized co-payment or deductible at the time of service.
- If you have insurance coverage with a plan for which we do not have a prior agreement, we will prepare and send the claim for you on an unassigned basis. However, payments are required from you at the time of service.
- In the event that your health plan determines a service to be "not covered," you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.
- We will bill your health plan for all services provided in the hospital. Any balance due is your responsibility and is due upon receipt of a statement from our office.
- All HMO based plans will require the Primary Care Physician to be Dr. Anna Bell of Children's Medical Group. Otherwise, you will be responsible for the charges from any services performed.

**Minor Patients:**

- For all services rendered to minor patients, we will look to the adult accompanying the patient and the parent or guardian with custody for payment.

I have read and understand the Financial Policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time to time by the practice.

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Printed Name of the Patient

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Signature of Patient or Responsible Party if a Minor

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Date