PIEDMONT PEDIATRICS
FINANCIAL POLICY

We are pleased that you have chosen Piedmont Pediatrics to be your child's healthcare provider. We are dedicated to providing our patients with the best possible care and service, while keeping the costs to you from increasing. We do not render service to collect money, but we must collect in order to render service. We ask your help by understanding and cooperating with our financial policy.

Insurance:
We participate with a majority of insurance plans. It is your responsibility to provide us with your correct and current information at the time of your visit, and to make sure that we are providers with your specific plan. If you fail to present the correct and current insurance information at the time of your visit then you agree to be responsible for 100% of our usual and customary charges for that visit.

If we participate with your plan we will provide the service of filing a claim to your insurance company for most office and hospital charges, unless we have received prior notification of non-covered services. Those services, along with all co-pays, deductibles and balances are the patient's responsibility and must be paid at time of service. If you do not pay a copay at time of service, a $10 surcharge may be added to your balance to cover the cost of sending a bill. Any fees not billable to insurance will be disclosed in advance and you will be required to sign a waiver acknowledging our policy before services will be rendered. We will file the initial claim to your primary insurance company. We do not file with secondary insurances. You must respond to any correspondence from the insurance requesting patient information in a timely manner or the claim may be turned over to patient responsibility. Our office policy is to allow for one subsequent refilling. If, after the second filing the claim remains unpaid, the balance may be transferred to your responsibility and payment will be expected upon receipt of a statement. We will work with you to ensure that our services are billed correctly, however the ultimate responsibility for the timely payment of services rendered is yours. If you are owed a refund, the refund will only be issued when your account balance is $0.
If we do not participate with your plan payment in full will be due at the time of your visit.

Payment for services performed:
Our office accepts cash, checks, Visa and MasterCard. We will not accept charge cards for amounts less than $10. All outstanding balances are due within thirty (30) days unless prior arrangements have been made with the billing department. There is a $35.00 charge for returned checks. All balances over 90 days will be sent to a collection agency. You will be responsible for all collection and legal fees incurred by Piedmont Pediatrics in the collection of your delinquent balance. We reserve the right to add an additional 25% fee to your delinquent balance if it is sent to a collection agency. Our office may charge $15 for appointments that are missed without calling to reschedule or cancel 24 hours before the scheduled appointment time. We understand that emergencies happen, and when it is appropriate we will waive the no show fee.

I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY SET FORTH BY PIEDMONT PEDIATRICS AND AGREE TO THE TERMS. I ALSO UNDERSTAND THAT THE TERMS OF THIS POLICY MAY BE AMENDED BY THE PRACTICE AT ANY TIME WITHOUT PRIOR NOTIFICATION TO THE PATIENT

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Signature of Patient, Parent, or Legal Custodian Date

Full Name of Child