

Dr. Q Pediatrics

Financial Policy

The mission of Dr Q Pediatrics is to provide the finest pediatric care to the children and adolescents in our community. Insurance coverage is an agreement between a patient and insurance company for the payment of medical services. Patients are responsible for understanding their coverage benefits and guidelines for obtaining medical services. You are ultimately responsible for full payment of professional services, laboratory charges and associated costs incurred at the visit. For your convenience we accept cash, check, Visa and MasterCard. Where otherwise permitted, regardless of what your insurance company pays, you are responsible for full payment of all charges incurred at Dr Q Pediatrics.

- You may receive separate bills for outpatient services according to your insurance (labs, suture removal, etc).
- **Identification:** Please bring a valid driver's license or state identification card, insurance identification cards, and any necessary forms to all appointments so your insurance can be billed in a timely and accurate manner.
- **Co-pays:** If your insurance has a co-pay it is due at the time of service.
- **Non-Sufficient Funds:** When checks are returned to Dr Q Pediatrics for non-sufficient funds a \$25 charge will be added to your account and you will be asked to pay with cash or credit card for future visits.
- **Non-insured patients:** If you do not have proof of insurance, we will provide your care with payment due at the time of service. For established patients we will collect an appropriate amount at the time of service. New patients will need to make full payment for visit at time of service.
- **Collections:** Accounts are due and payable in full within 30 days of statement date. A \$10 fee will be added Day 31. Accounts with balances exceeding 90 days incur a **late fee of \$50**. Accounts with balances exceeding 120 days will be released to a credit report agency (Experian). In the unfortunate event that we need to send an account to a credit report agency, an additional fee of \$150 will be added to the delinquent balance on the account. The family will also be dismissed from the practice.
- **Cancellation Policy:** We require 24 hours notice to reschedule or cancel appointments. If you do not give 24 hours notice we consider that a "no show" appointment. Dr Q Pediatrics will charge \$35 for a "no show" appointments.

As legal guardian of a minor patient, I agree to pay for all services rendered in accordance with the terms and conditions set forth in the financial policy of Dr Q Pediatrics as stated above.

Signature_____

Date_____