

TLC Pediatrics, PA

"Where Kids Come First"

Financial Policy

Thank you for choosing TLC Pediatrics as your child's healthcare provider. We are committed to the successful treatment of your child. Please understand that payment for services rendered is considered a part of your child's treatment. The following is a statement of our financial policy which we request you read and sign:

- All parent's are required to complete this information before seeing the physician.
- Co-Payment is due at time of service, there will be a \$20 fee if you do not pay your co-pay the day of your service. There is also late fee of \$10.00 per monthly billing cycle will be accessed on unpaid balances.
- We accept cash, check, Visa, Discover or MasterCard.
- If you misplace, lose or let your prescription expire there will be a \$25 fee to have your prescription reissued.

Regarding Insurance:

We may accept assignment of insurance benefits pertaining to your child's visit and treatment. However, we DO require any co-payments to be paid at the time of service. Also, please remember that any balance remaining is your responsibility after your insurance payments are applied to your account. We will file a claim with your insurance on your behalf as a courtesy to our patients. However, we will not be able to file a claim unless you provide us with all your insurance information. **Please remember that your insurance policy is a contract between you and your insurance company. We are not a party to that contract.** In the event your insurance company has not paid the balance in 45 days, it will be automatically transferred and billed directly to you. We are members of several HMOs and PPOs. We will file claims with those carriers; however, you are responsible for any co-pay, deductible and co-insurance amounts. Please provide your insurance card to our receptionist at each visit so we may make a copy for your child's file.

All outstanding balances greater than 120 days old will be turned over to a collection agency unless prior arrangements have been made with this office.

Thank you for your understanding and cooperation. We want your experience with our office to be excellent, so please let us know if you have any questions.

I have read and understand the financial policy for TLC Pediatrics, P.A. and agree to adhere to this policy.

Parent/Guardian Signature

Printed Name

Date