COLOR COUNTRY PEDIATRICS

FINANCIAL POLICY

Thank you for choosing Color Country Pediatrics as your healthcare provider. We are committed to providing the best medical care possible. Please understand that payment of your bill is considered a part of your treatment. The following statement explains our Financial Policy which we ask you to read, sign and return to us prior to your treatment.

All patients should provide accurate and complete personal and insurance information prior to being seen by the doctor.

All applicable co-pays, personal balances, both current and prior, are due at time of service.

We accept cash, check, or credit cards.

Regarding Insurance

We participate in ***most*** insurance plans, however we require that the guarantor, the person who is financially responsible, is *personally* liable for all balances not covered by insurance. It is your responsibility to understand and comply with any Predetermination of benefits or referral requirements. Please be aware that some, and perhaps all, of the services provided may be non-covered services or may not be considered medically necessary under the Medicaid Program or by other medical insurance companies.

Initials:_____

Past Due Accounts

I/We agree to pay all attorneys fees, court costs, filing fees and all collections cost, up to 50 % of the amount owing, which may be assessed by any collection agency retained to pursue the matter.

Initials:_____

Co-Pay Balances

Payment for all co-pays and out of pocket expenses pre-determined is expected at time of service. If co-pay balances are not paid on date of service a $10.00 fee will be charged to your account. This fee is ***not*** covered by insurance so it will be your personal responsibility.

Initials:_____

NO SHOWS

If you do not show up for your appointment a $25.00 fee will be charged to your account. This fee is not covered by insurance so it will be your personal responsibility.

Initials:_____

Returned Checks

For checks returned to us as unpaid by your bank, we will charge a $25.00 fee.
Please contact our Billing Office if you have any questions or concerns at (888) 974-5376

Initials:_____

I have read the Financial Policy. I understand and agree to the Financial Policy.

_____
Print Name

_____
Signature Date