



FINANCIAL POLICY

We are committed to provide you with the best possible care. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

Payment for services is due at the time services are rendered and we ask you to pay before leaving the office. We accept cash, checks, MasterCard, Discover or Visa. We do not accept postdated checks or endorsed checks made out to you from others (third party checks). If a check is returned to us unpaid from your bank there is a \$30.00 fee. We expect the returned check amount plus the late fees to be paid to Springdale-Mason Pediatrics within 10 working days of notification. A \$5.00 billing charge is added each month if there is an outstanding balance on your account. We must consider terminating services if there are continuing unpaid balances on your account. If you receive a statement from Springdale-Mason Pediatrics then we believe money is due. Please either pay in full or contact the billing office at 771-5956.

Your insurance policy is a contract between you and the insurance company. We are not a party to that contract. Your insurance company may or may not reimburse you for services we have provided. Our office will file your insurance claim for you only to the insurance carriers with which the doctors have a signed contract. Otherwise it is your responsibility to file the insurance claims.

Our office policy states that if a check up or re-check appointment is not canceled 24 hours before the time of the appointment, there will be a charge for that broken appointment. We will also charge for missed sick visits. We will charge \$25 per 15 minutes allotted for the scheduled appointment. On average, you will be charged \$50 for a missed check up and \$25 for a missed sick visit.

In divorce situations, the person bringing the child into the office is responsible for payment at the time of service. Whoever the courts determine is the financially responsible parent can later reimburse the non-responsible party for any such payment, if required. Springdale-Mason Pediatrics sends all statements and correspondence to the custodial parent even though that person may not be responsible for payment of the account.

Springdale-Mason Pediatrics requires immediate notification of any change of address, phone numbers or insurance coverage.

Name of child or children

Signature _____ Date _____