

PRIMARY PEDIATRICS

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OFFICE FINANCIAL POLICY

The main concern of our office is the health and well-being of your child. However, we must also be concerned with the financial obligations associated with the medical services we provide. Due to the costs associated with billing and collections, the practice has adopted the following financial policy:

1. Please notify us when you have any changes to your personal information, such as address, phone numbers and insurance information.
2. A current insurance card must be presented **every time service is provided**. It is your responsibility to ensure we have your current information at the time of service. If charges are filed incorrectly due to outdated information, you will be responsible for payment.
3. If you do not provide a current insurance card, you will be responsible for payment at the time of service. Please make sure your child has a current copy if they are brought by somebody else or come to the office by themselves.
4. If you have an insurance plan with a deductible, you will pay in full for services until the deductible has been met. It is your responsibility to know the details of your insurance plan. Please contact your insurance company if you have questions regarding your coverage.
5. Payment for co-pays and deductibles are due at the time of service even for families with Health Savings Accounts. We accept cash, check, Visa, Mastercard, American Express and Discover cards.
6. If you do not accompany your child to the visit, payment is still required at the time of service.
7. Patients who do not have insurance will pay in full at the time of service at a discounted rate.
8. This office retains a collection agency when accounts become delinquent. All future well child appointments will not be scheduled until all outstanding balances are paid in full. The office may issue a termination of medical care when accounts become delinquent.
9. Additional Fees that are not billed to insurance will incur:
 - \$15 fee will be added each time you do not pay your co-pay or deductible at the time of service.
 - \$25 fee for appointments not cancelled within a four hour time period.
 - \$10 prepaid fee for replacement of a form already provided such as immunization, school physicals, etc
 - \$30 prepaid fee for paperwork such as FMLA

Signature: _____

Date: _____