



FINANCIAL POLICY

We are committed to providing your child with the best possible medical care. If you have special financial needs, we are willing to work with you. The following information is provided to avoid any misunderstanding or disagreement concerning payment for professional services.

We will file insurance as a COURTESY; however, YOU ARE ULTIMATELY RESPONSIBLE FOR YOUR CHILD'S CHARGES.

1. Our office participates with a variety of insurance plans.
It is your responsibility to:
 - **Bring your insurance card and photo I.D. at every visit.**
 - **Pay your Co-Payment and/or any deductibles at each visit.** Payment can be made by cash, check or credit card. We accept American Express, VISA and MasterCard. We do not bill for Co-Payments.
 - **Pay in full for any medical care or services that are not covered by your insurance plan.**
2. If your child has insurance that we do not participate with, or your child does not have insurance, payment in full is expected at the time of service. Your child will be a "Private Pay" patient in our office. We offer a discount to "Private Pay" patients, if the charges are paid at the time of service. Please review our Private Pay Policy.
3. If your insurance plan is a HMO or POS policy it may require you to choose a PCP (Primary Care Provider). You will need to choose a physician from our practice. If your insurance card lists another physician's name, we will see your child, but you will be "Private Pay" and required to pay at the time of service until the PCP has been changed to one of our physicians.
4. **You are financially responsible for any amount not covered by your child's plan.**
5. **You are financially responsible for all charges incurred in your child's care and treatment.**
6. If you have questions about your insurance, we are happy to help. However, specific coverage issues should be directed to your insurance company member services department. The telephone number is usually located on your insurance card.
7. If you fail to make payment in full for services that are rendered to you, your outstanding balance will be sent to an outside collection agency. You will be responsible for any fees associated with the collection of your outstanding balance. Failure to meet your financial obligations with this office could lead to dismissal from the practice.
8. To protect your child's records, we ask you to provide our office with a driver's license or other picture identification. Annually, or as changes occur, we will ask you to update and sign our Family Information Form. We will scan your insurance card, ID, and Family Information Form, into your child's electronic medical chart. We will check these documents prior to releasing your child's records. We will take a picture of your child for your child's electronic chart. This photo helps us identify your child during our routine operations. Your child's photo will not be released without your permission.
9. In cases of divorce and/or separation, the legal guardian and/or the person bringing the child in for services will be held responsible for paying any balance originating from that visit. If you provide legal documentation that someone other than the legal guardian is financially responsible and you provide billing information for that responsible party, we will attempt to bill that party. However, if the balance is unpaid by that person, you will be held responsible for the balance on your child's account.
10. Payments will be requested by and returned to **Drake Hospitalists, P.A.** as Pecan Tree Pediatrics is a "doing business as" under Drake Hospitalists, P.A.

ADVANCED BENEFICIARY NOTICE

