

Statement of Financial Policies
ALL STAR PEDIATRICS, PC

Thank you for choosing our practice. We are committed to providing quality health care for your child. Your clear understanding of our financial policy is important. Please speak with our office manager if you have any questions.

Payment: All payment is expected at the time of service unless other specific arrangements have been made with our office. Participating health insurance plans may have a deductible, co-insurance or co-payment, which is the subscriber's responsibility to pay. Co-payments are due at the time of service by the person who accompanies the child to the office at the time of service. All deductible and co-insurance plans, are expected to be paid within 30 days of receiving our first invoice. The responsibility for payment for services for any dependent children whose parents are divorced rests with the parent who seeks treatment. Any court ordered responsibility judgment must be determined between the individuals involved without the inclusion of our office.

We accept cash, person in-state checks, Visa/Master Card or Discover.

Insurance: We bill participating insurance companies as a courtesy to you. If you do not have insurance with which we participate, full payment is expected at the time of service.

Your insurance policy is a contract between you and your insurance company. You have certain responsibilities such as presenting your insurance card **at each visit** and paying deductible and co-pays at the time of service. It is your responsibility to inform us of any changes in your address, phone number or insurance information so we can ensure that correct billing, eligibility and co-payment requirements are accurate. If new insurance information was not given at the time of service, any claim over 60 days old is your responsibility and must be paid directly to us. The responsibility of filing with the correct insurance company in a timely manner will be yours. You are expected to know what the covered benefits are under your policy, including co-pays and deductibles. Our office cannot always tell you in advance whether or not your charges will be covered by your insurance plan. Because we have no way to know all the individual insurance policies, it is your responsibility to contact your insurance if you are concerned as to whether a charge is covered.

You are responsible for any balance not covered by your insurance plan.

Financial Hardship We are not in the business of extending credit to our families. However we understand that there may be occasions when a family faces financial hardship. Please contact our office manager to make special arrangements.

Outstanding Balances: Any charges remaining unpaid 60 days after the date of services are considered past due. Past due accounts must make arrangements with the office manager prior to scheduling well child appointments.

Accounts that are over 90 days past due and have not made arrangements with the office manager for payment will start to incur a \$5.00 finance charge every month that we do not receive a payment. Failure to make payments or pay on your account may also result in us sending your account to our collection agency if we have not heard from you within 120 days. If that should happen your children are dropped from our practice with a 30 day notice to find another doctor. If your account is sent to our collection agency then another charge of \$10.00 will be assessed to your account. We are always willing to work with our patients on payment plans so please contact us before your account gets in to trouble.