

Financial Policy

At Summit Pediatrics, we are committed to providing the best service to our patients, while trying to keep administrative costs to a minimum. The following policy was designed with these objectives in mind and to avoid any misunderstanding or disagreement concerning the patient's financial obligations. Summit Pediatrics will gladly file your insurance claim, but copayments, deductible amounts, coinsurance, or fees for non-covered services will be collected at the time of service. If we cannot verify your coverage, or you don't have insurance, payment will be due at the time of your appointment. Please initial each term and condition.

- All new patients must be accompanied by a legal guardian.
- Established patients not accompanied by a legal guardian, must have authorized signature from legal guardian for treatment prior to services rendered. (Power to Authorize Medical Treatment Form)
- Summit Pediatrics participates with several insurance plans. For patients who are beneficiaries of one of these plans, our billing office will submit a claim for services rendered. If the insurance company fails to respond to the claim submitted by our office, the patient/guarantor is ultimately responsible for the balance.
- It is the patient's/guarantor's responsibility to provide our office with current insurance information and to bring his/her insurance card to each visit. The patient/guarantor is responsible for verifying his/her insurance coverage and benefits.
- Payment for professional services can be made by cash, check or credit card. Our office accepts Visa, MasterCard, Discover and American Express.
- **It is the patient's/guarantor's responsibility to pay for any copayments prior to the visit. If applicable, payment for deductibles and any services not covered by the patient's insurance plan is expected at the time of service. A statement will be mailed to the patient/guarantor if there is a balance on the account. Full payment of the balance is due upon receipt of the statement or notification of the amount owed.**
- **Payment in full is expected at the time of service for all services rendered to uninsured patients or to patients whose insurance cannot be verified.**
- Failure to pay the balance may result in a restriction of services to all patients associated with the account. Patients/guarantors who continually fail to pay their balance may be dismissed from the practice. In addition, Summit Pediatrics may use an external collection agency to assist in the recovery of delinquent balances. This could result in legal action and judgment, and collection agency fees can be charged to the patient's/guarantor's account.
- Summit Pediatrics charges a \$35.00 returned check fee.
- Summit Pediatrics will charge a \$25.00 fee for paging a provider after hours.
- The guarantor of the account is subject to a fee of \$40.00 if the patient does not show up for the scheduled appointment. This fee is billed directly to the patient/guarantor and is not billed to the insurance company. Accounts that accumulate 3 no-show appointments may be dismissed from the practice.
- Summit Pediatrics may charge fees for administrative services. These services include, but are not limited to, filling out forms and processing medical records. These fees are subject to change without prior notification and are due at the time of service.

Our practice believes that a good physician/patient relationship is based on understanding and communication. Please sign that you fully understand the terms and conditions outlined above.

X _____
Legal Guardian

Date

Child's Name

Date of Birth