



Ad-Park Pediatrics S.C. Financial Policy Form

Thank you for choosing Ad-Park Pediatrics as your health care provider. We are committed to your child's health care needs. It is our goal to make sure you receive the maximum financial benefit from your insurance provider and to make sure that your account is handled in the most efficient manner possible. In order to accomplish this goal it is important that we have your understanding and cooperation in adhering to our financial policies.

Account Responsibility

As the parent or guardian of a child registered with Ad-Park Pediatrics, you are agreeing to be responsible for all balances incurred on behalf of your child's medical care. All balances are due upon receipt of a statement from our offices. If you feel your statement is incorrect or you are having financial difficulties, please contact our business office within 14 days and we can arrange a payment plan. If your insurance company denies your claim or does not pay your claim within 60 days after we have filed the claim, the outstanding balance becomes your responsibility. Please contact us immediately if you are having a dispute with your insurance company or you think your claim has been denied in error.

Parent Payment Responsibility

The parent authorizing treatment for a child will be the parent responsible for those charges. If a divorce or custody decree requires the other parent to pay all or part of the costs, it is the authorizing parent's responsibility to collect from the other parent. If the non-custodial parent is responsible for medical treatment charges on behalf of the child, we advise that the non-custodial parent or guardian responsible for payment of charges for a child's medical treatment be present at the first patient visit of the child to sign the necessary papers. Otherwise, the parent authorizing the treatment will be responsible for those charges, until such time as the appropriate forms are signed by the parent responsible for medical treatment costs and such signed forms are delivered to our office. Ad-Park Pediatrics will not intervene to determine a parent's responsibility for payment.

Initial Here: _____

Payment for Services

Payment in full is due at the time of service. We accept cash, checks and all major credit cards (except American Express) as forms of payment. If you are enrolled in an insurance plan in which we participate, we will file your claim for you. Payment is expected in full at the time of service for:

- Copayments and/or insurance deductibles
- If we are not contracted with your insurance company
- If you do not have insurance coverage
- If we are unable to verify your insurance eligibility or we do not have your new insurance information
- If balances are not paid in full prior to any administration of immunizations or physical exam you may be asked to reschedule.

If your account becomes past due we reserve the right to send you to collections and you will be responsible for all collection and fees that the practice incurs as a result. We reserve the right to refuse to see any patient that has been placed into collection.

Services Render

If your child is being seen for a well check-up or preventive visit and another condition is treated during the same appointment, we will bill for each service of the services performed.

Initial Here: _____

Administrative Fees

Below are services for which we charge an administrative fee. These services are not billed to your insurance company and they are your responsibility. Please contact our office for questions about our current administrative fees.

Service	Description
Missed Appointment Fees	We have a 24-hour cancellation policy . If you do not cancel within 24 hours of your appointment time you may be assessed a Failed Appointment Fee of \$25.00
NSF Checks	If your check is not honored by our bank we will assess an NSF processing fee of \$35.00
Parental/Patient Medical Records Request	If you need a complete set of your child's medical records there is a fee. Copies of your child's immunization records are provided free of charge.
Third Party Medical Record Request	If a non-medical entity needs a complete copy of your child's chart, we charge a fee based on Illinois medical record copying laws. If we refer you to a specialist for further treatment we will send a copy of your child's chart free of charge.

I agree to accept financial responsibility for medical expenses incurred at Ad-Park Pediatric Associates, S.C. and to abide by the above stated policies. I also understand that I am responsible for and agree to pay any additional finance charges for overdue balances and/or a 35% collection fee and/or any attorney fees incurred by Ad-Park Pediatric Associates, S.C. should my account become delinquent.

X _____

Signature of Parent/Guardian Assuming Financial Responsibility

Relationship to Child/Children _____ Date _____