



Financial Policy

PAYMENTS ARE EXPECTED AT THE TIME OF SERVICE RENDERED

- A valid and current insurance card must be provided at the time of service and any time there is a change to the insurance.
- We submit claims to insurers and ask that you promptly pay applicable co-pays, co-insurances, or deductibles at the time of the visit. If you participate in a deductible plan and have not yet met your deductible in full, a \$60 payment will be collected on any non-preventative services.
- The responsibility for payment of services rendered to any minor children rests with the parent or guardian who seeks treatment. Separated/Divorced parents; if the divorce decree requires the other parent to pay all or part of medical costs, it is your responsibility to seek reimbursement from them. JC Peds can not act as a mediator in collecting payment.
- Your insurance policy is a contract between you, your employer(s), and your insurance company. Insurance policies have different benefits and we cannot know the specific details for each policy. It is your responsibility to understand your plan benefits and coverage for services rendered. Please check with your insurance carrier to confirm your specific policy, co-pays, deductibles and exclusions.
- Self pay patients will receive a 25% discount if the bill is paid in full at the time of service.

NOTIFICATIONS OF CHANGES

- You are responsible for informing our office of any insurances, address, or contact information changes. If your insurance is found to be inactive at the time of service, self-pay charges will be applied to your accounts.

NEWBORN CHARGES

- Your infant will not be automatically enrolled into your insurance until you notify them of birth. As a courtesy to new parents, we allow up to 30 days for you to notify your insurance carrier. After this time, you will be billed for balances due.
- Recheck appointments are assessed the same copay as other office visits.
- Most insurance carriers will cover 7 wellness visits during your child's first year of life. It is your responsibility to review your policy. We cannot treat your child based on insurance coverage alone.

WELLNESS VISITS

- All wellness visits should be scheduled one year and one day from the last visit.
- Some health and development screenings, such as ASQ Developmental Questionnaire, PHQ9 Patient Health Questionnaire, hearing and vision screenings, immunizations may not be covered by your insurance plan. It will be your financial responsibility should your insurance policy consider these services as a non covered benefit.
- During a wellness visit if any additional concerns or conditions arise, there may be an additional charge that may require a co-payment, deductible, or co-insurance.

METHODS OF PAYMENTS

- We accept cash, personal checks, VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS and debit cards. There is a \$25.00 service charge for returned checks.
- Any unpaid amounts sent to a collection agency are subject to an additional 25% collection fee.



MISSED APPOINTMENTS

- Missed appointments represent a cost to JC PEDS - An Affiliate of Children's Mercy, and to other patients who could have been treated in the time set aside for your visit. If you need to cancel an appointment, please provide at least a 24-hour notice.
- New Patients: If you miss your first appointment and do not provide a 24-hour notice you will be discharged from our practice.
- Established patients: If you miss 3 appointments without a proper notice you will be discharged from our practice.

LATE APPOINTMENTS

- JC PEDS - An Affiliate of Children's Mercy understands that situations can arise that may prevent you from arriving at your appointment on time. If you are going to arrive late for your scheduled appointment please call our office. In addition, if you arrive more than 10 minutes late for your scheduled appointment you may be asked to reschedule.

By signing below, I acknowledge that I have read and understand the above policy.

Patient Name (please print)

Date of Birth

Parent/Guardian Signature:

Relationship to Patient (please check): Parent Self Other: _____

HIPAA Acknowledgement

I have read, acknowledged and accepted the HIPAA Notice of Privacy Practices for JC PEDS - An Affiliate of Children's Mercy given to me.

Parent/Guardian Signature

Today's Date.