



Financial Policy

PAYMENTS ARE EXPECTED AT THE TIME OF SERVICE RENDERED

- A valid and current insurance care 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 \$50 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.
- Your insurance policy is a contract between you, your employer(s), and your insurance company. Please check with your insurance carrier about your specific policy, co-pays, and deductions.
- Self pay patients will receive a time of service discount if 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 co-pay as other office visits.

METHODS OF PAYMENTS

- We accept cash, personal checks, VISA, MASTERCARD, DISCOVER, 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, and to other patients who could have been treated in the time set aside for your visit. Cancellations are requested within 24 hours of appointment. Excessive missed appointments may result in a discharge from our practice.

I have read and agree to JC Peds Financial Policy

Signature of Patient or Responsible Party

Date