

Gadsden Pediatric Clinic, P.A.
Financial Policy

We are committed to providing your child with the best possible medical care. The following information is provided to avoid any misunderstanding or disagreement concerning payment for professional services. **We will file Insurance as a COURTESY; however, YOU ARE ULTIMATELY RESPONSIBLE FOR YOUR CHILD'S CHARGES.**

1. Our office participates with a variety of insurance plans.
It is your responsibility to:
 - **Bring your insurance card and photo I.D. at every visit.**
 - **Pay your Co-Payment and/or any deductibles at each visit.** Payment can be made by cash, check, or credit card. We accept Visa, MasterCard, Discover, and American Express. We do not bill for Co-Payments.
 - **Pay in full for any medical care or services that are not covered by your insurance plan.**
2. If your child has insurance that we do not participate with, or your child does not have insurance, payment in full is expected at the time of service.
3. If your insurance plan requires a PCP (Primary Care Provider), you will need to choose a physician from our practice. If your insurance card lists another physician's name, we will see your child, but you will be required to pay at the time of the service until the PCP has been changed to one of our physician's.
4. **You are financially responsible for any amount not covered by your child's plan.**
5. **You are financially responsible for all charges incurred in your child's care and treatment.**
6. If you have any questions about your insurance, we are happy to help. However, specific coverage issues should be directed to your insurance company member services department. The telephone number is usually located on your insurance card.
7. If you fail to make payment in full for services that are rendered to you, your outstanding balance will be sent to an outside collection agency. You will be responsible for any fees associated with the collection of your outstanding balance. Failure to meet your financial obligations with this office could lead to dismissal from the practice.
8. To protect your child's records, we ask you to provide our office with a driver's license or other picture identification. Annually, or as changes occur, we will ask you to update and sign our Patient Information Form. We will scan your insurance card, ID and Patient Information Form into your child's electronic medical chart.
9. In cases of divorce and/or separation, the person bringing the child in for services will be held responsible for paying any balance originating from that visit. **Gadsden Pediatric Clinic WILL NOT act as a mediator in the collection of our payments in circumstances of divorce or separation.** If the account is not resolved in a timely manner, both parents information will be submitted to our attorney for collection.

Signature _____

Date _____