

JACKSONVILLE KIDS PEDIATRICS FINANCIAL POLICY

Thank you for choosing Jacksonville Kids Pediatrics (JK Peds) as your primary care provider. We are committed to providing you with the highest quality of care at a fair and reasonable cost. In order to accomplish this goal, we are requesting your help in avoiding unnecessary billing issues that may happen as a result of incorrect insurance information.

The following is a summary of our payment policy. ***Acknowledgement and understanding of this Financial Policy must be signed. Patients cannot see the providers unless this statement is signed.*** It may not be altered in any way, it must be signed as is.

PAYMENT IN FULL IS DUE AND EXPECTED AT THE TIME OF SERVICE

Payment is required at the time services are rendered. This includes applicable coinsurance, co-payments, and payments for services not covered or denied by your insurance company. If you participate in a high deductible plan, we reserve the right to request payment in full or in part for charges incurred at time of service as allowable by your insurance carrier. If you do not have insurance, please come prepared to pay for your visit in full. JK Peds offers a 20% discount for all self-pay services paid in full on the day of the visit. If your balance cannot be paid in full at the time of service, we may be able to create a budget plan/agreement to have the outstanding bill/service paid within 90 days, with the first payment due the day the service is rendered.

Jacksonville Kids Pediatrics accepts cash, debit cards, credit cards including Visa, Master Card, Discover, and American Express. We do not accept personal checks at this time.

Missed Copay Fee: We are required by our insurance contracts to collect all co-pays at the time of service. Failure to collect copays puts the responsible party and JK Peds in default of the insurance contract. Any co-payments that are not paid at the time of the office visit will be charged a "Missed Co-pay processing fee" of \$10.

Missed Appointment Fee: Broken appointments represent a cost to us, to you, and to other patients who could have been seen in the time that we set aside for you. Cancellations are requested **24 hours prior** to the appointment. The first time that a patient **does not show up for a scheduled ILL visit appointment, there will be a \$25 fee charged. The first time that a patient does not show up for a scheduled WELL visit appointment, there will be a \$50 fee charged.** This fee must be paid before a new appointment is scheduled. Patients with four missed appointments will be asked to transfer their records to another doctor.

BRING YOUR CURRENT INSURANCE CARD TO EVERY VISIT

The Financial Policy Continues on page 2.

INSURANCE FILING AND ASSIGNMENT OF BENEFITS

Regarding Insurance: As a courtesy to our patients, JK Peds will file claims to any insurance carrier with whom we are participating providers. It is the responsibility of the cardholder to know what their eligibility and coverage is with their insurance carrier. If this is not known, it is suggested the cardholder verify coverage limitations prior to their appointment date. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. You agree to pay any portion not covered by your insurance. If the insurance company has not processed and paid the claim within a timely manner or has denied the claim, payment of the account in full becomes the responsibility of the person bringing the child to our office for the treatment.

Change of Insurance/Change of Address: Please notify the office ASAP of all insurance and address changes. The guarantor is responsible for all charges not paid as a result of the change of insurance coverage.

Payments: Unless other arrangements are approved by us in writing, the balance of your statement is due and payable when the statement is issued. Payment is due within (30) days from the statement date. If you feel that your claim was unfairly denied by your insurance company, it is the parent/guardian responsibility to pursue the insurance company on their child's behalf.

Divorce: In the case of divorce or separation, the parent authorizing treatment for a child/children will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the **AUTHORIZING PARENT'S** responsibility to collect from the other parent.

Insurance Release: This is to certify that I have been informed prior to receiving treatment today that my health plan may not be liable for services rendered if any of the following conditions apply: Provider not participating in my health plan; Unmet deductibles under my health plan; Services not covered under my particular health plan including the recommended preventative care such as well visits, immunizations, vision and hearing screening, depression or developmental screening, any in house labs or EKGs/any other services that may be performed during well visits or during ill visits. Please check with your insurance carrier if you are not sure if routine services are covered.

Outstanding Balances: If you have a balance on your account, we will send you a monthly statement. It will show separately the previous balance, any new charges to the account and payment or credits applied to your account during the month. If your account becomes past due, we will take the necessary steps to collect this debt.

JK Peds understands that full payment may not be possible in certain circumstances. As a courtesy, JK Peds offers a binding contract referred to as a "Payment plan". In order for services to be rendered, patients with payment plans must be in full compliance with all conditions of the budget agreement. Failure to make scheduled payments on the budget agreement or not paying off a balance in full may result in your account being turned over to a collection agency.

Waiver of Confidentiality: You understand that if the account is submitted to a collection agency or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

Transfer of Records: Should you wish to transfer care to another physician, you will need to complete the authorization to release records form, which can be obtained from our office, or your new physician may have their own compliant form. This form needs to be completed in its entirety in order for us to process the request. All balances should be paid before records are transferred.

Effective Dates: Once you have signed this agreement, you agree to all of the terms and conditions contained herein, and the agreement will be in full force and effect.

Billing Inquiries: Questions about a bill should be directed to our **Billing Manager at 904-446-9991**.

Therefore, knowing this, I request that services be performed and I agree to be responsible for any charges incurred. I understand that if I fail to make payment when due and my account becomes delinquent or is turned over to a collection agency, the undersigned shall pay all collection agency fees, court costs, and attorney fees, and risk being dismissed from the provider care of Jacksonville Kids Pediatrics.

I have read this Financial Policy as outlined above and on page 2, and understand that I am ultimately responsible for the charges incurred by my child/children as their legal parent or guardian.

Patient's Name (s) _____

Parent/Guardian Signature _____

Date: _____