

Seven Hills Pediatrics Financial Policy

Please read each statement carefully

Please initial each item below, sign and date at the bottom to acknowledge that you have read and understand the office policies and procedures related to the responsibilities of the patient.

___ If the office is not filing an insurance claim for me, full payment is due at the time of service unless prior arrangements have been approved through the billing department.

___ It is my responsibility to present my insurance card to the receptionist at every visit, even if I believe there have been no changes to my plan.

___ The office will bill my insurance carrier for all covered services if I am covered by a plan that Seven Hills Pediatrics is contracted with as a participating provider. I am required to pay all co-payments at the time of my visit.

___ If I do not present my updated insurance card, or give an incorrect insurance card and the claim is denied by the insurance, I will be responsible for any outstanding balance. Seven Hills Pediatrics will not re-file the claim for me.

___ Should my insurance deny a claim due to diagnosis or coding, the office will not change the initial diagnosis or coding just so my insurance will pay. It is my responsibility to know my benefits and to inform the doctor of such at the time of my visit to best guarantee payment from my insurance.

___ I understand that I am financially responsible for any covered or non-covered services as defined by my Insurer which are not paid by my primary insurance.

___ If no payment is made on my account after four months, my account will be forwarded to a COLLECTION AGENCY and credit bureau for further action. At this time, I will be notified by mail with a 30-day notice of the discontinuation of care. Prompt payment on my account will avoid this action.

___ It is my responsibility to keep all of my information updated with the office such as addresses, phone numbers and responsible party information where statements should be sent.

___ When there is a dispute between parents as to who will be responsible for payment, Seven Hills Pediatrics will bill the parent that brought the child to their appointment.

___ **If you receive a Nebulizer machine or Aero-Chamber, this is a completely separate billing entity through an outside vendor. Seven Hills Pediatrics is not responsible for statements I receive regarding these items.**

Please sign below to indicate you have read, understand and agree to all of the above financial policies.

Signature of Responsible Party

Date