

ROLLING OAKS PEDIATRICS

Office Policy on Patient Insurance

In order to accommodate the needs and requests of our patients, we have enrolled in numerous insurance plans.

While we are pleased to be able to provide this service to you, it is extremely difficult for us to keep track of all the individual requirements of the plans. Each one has different stipulations regarding how often services may be rendered and, even more importantly, where and by whom these services can be performed.

Even within the same insurance company, the plans may differ depending on what type of contract your employer or group has negotiated.

Providing quality medical care for our patients is our primary concern. We are more than willing to provide that care within the guidelines of your insurance contract if you let us know at each time of service exactly what those guidelines are.

Unfortunately, if you do not inform us of any special requirements in your contract, and we subsequently order services such as labs, x-ray, or hospitalization that are not covered with the selected provider by your plan, we or the selected medical facility will have no choice but to bill you directly for those charges. Payment for those services is then solely your responsibility. In other words, it is your responsibility to understand your insurance coverage thoroughly to avoid any financial burden to you that may arise from these situations.

With your cooperation and help, you should be able to receive all the benefits afforded to you, and we will be able to concentrate on caring for your medical needs.

To enable us to keep fees to a minimum by eliminating unnecessary costs, we require that all cash services be paid for at the time services are rendered, unless prior arrangements have been made with our office.

There will be a charge of \$15.00 for missed ill and re-check appointments without prior notification after the second missed appointment. There will be a \$25.00 charge for all Physical and AVT appointments that are not canceled 24 hours prior to appointment time.

I understand that any amount due and owing over 30 days may accrue interest and finance charges of **1.5%** per month, not to exceed **18%** per annum.

I, the undersigned, hereby agree to the office policy as stated above, and agree furthermore that in the event of default in the payment of any amount due, if this account is placed in the hands of an agency or attorney for collection or legal action, to pay an additional charge equal to the cost of collection, including agency and attorney fees and court costs incurred and permitted by laws governing these transactions.

It is agreed and understood that payment by the responsible party will not be delayed or withheld because of any insurance coverage or the pendency of claims.

Signature

Date