



# GLOBAL PEDIATRICS, PC



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## FINANCIAL POLICY

Thank you for choosing Global Pediatrics as your health care provider. Our practice is committed to delivering the best treatment possible for each of our patients. Your clear understanding of our financial policy is important to our professional relationship, and allows us to concentrate on patient care. **We cannot be responsible for errors made by your insurance company.**

## INSURANCE

We must emphasize that as medical care providers, our relationship is with you, the patient, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges from the date the service is rendered are your responsibility. Your insurance is a contract between you and your employer and your insurance company. We are not a party to that contract. If the physician participates with your managed care medical insurance, please remember, your co-payment is due at the time of service. This is a requirement of your insurance company.

If we do not participate with your insurance company, payment for office visits is due at the time of service. Please be aware that you will continue to receive statements from us, and after 60 days there will be an interest charged to your account. Your insurance company may send payment to us in error if that occurs they will also notify you with an explanation of benefits. This check may have to be returned so that our billing office can post payments accurately.

We accept cash, checks and all credit cards. If we do not have a copy of your most current insurance card on file you will be considered a self pay patient and will be expected to pay at the time of service. Please remember to bring your insurance card with you to each appointment.

## FORMS

**As of September 1, 2008 our system will generate a Universal form for both camp and school. If you require an individual form completed there will be a \$15.00 fee that must accompany the form.**

## DEPENDENT CHILDREN

The responsibility of payment for service rendered to any dependent children whose parents are divorced rests with the parent who seeks treatment. Any court ordered responsibility judgment must be determined between the individuals involved without the inclusion of the Practice.

## HIPPA

Attached to this information sheet is a HIPPA compliance notice that describes how Medical Information may be used and disclosed. Please review it carefully.

I have read and understood the above financial policy, and have been given a HIPPA compliance notification.

*Patient name (Print)* \_\_\_\_\_

*Parent/Guardian(Print)* \_\_\_\_\_

*Signature (Parent, Guardian)* \_\_\_\_\_ *Date* \_\_\_\_\_