INSURANCE / PAYMENT POLICY

Thank you for choosing our practice! First and foremost we are committed to the success of your medical treatment and plan of care. Please understand that payment of your bill is part of this treatment and care.

Please read carefully and sign at the bottom of the page indicating your understanding and acceptance of TLC Pediatrics, PLLC financial policies.

Please Realize:

1. Your insurance benefits are a contract between you, your employer and the insurance company.
2. Unfortunately not all services are covered by all insurance policies. Some companies select certain services that they will not cover. You may be billed for these services at a later time.

Although we are contracted with several insurance companies, it is your responsibility to make sure that our physician is in your plan. It is also your responsibility to know your insurance benefits. We will file claims with your insurance for services provided in office however any co-payments, deductibles, co-insurance and non-covered services are the responsibility of the patient. All co-payments will be due at the time of service.

Self-Pay patients are required to pay the full amount at time of service, no exceptions.

If you receive a bill from us, it is because we believe the balance is your responsibility. Please contact your insurance company first, if you think there is a problem. If you have any questions about your bill, please call our billing department immediately. If you cannot pay your entire balance, please call to make payment arrangements. I understand that reasonable late fees or collection fees may be assessed in the event of late payment or non-payment of balance. Failure to keep your account current may result in TLC Pediatrics being unable to provide additional services.

Fees :
$25.00 additional charge will be added to your account for copayment(s) not collected at the time of visit
$20.00 late fee per billing cycle over 30days will be applied to your account(s)
$35.00 charge for all returned checks

TLC Pediatrics can no longer be involved in payment disputes between parents. The person who brings the child to the office will be expected to pay at the time of service and retrieve any payment from the responsible party.

We do not accept auto-insurance as payment and we will not file claims to an auto insurance company.

I, _____, assume financial responsibility as stated above and responsibility for all collection and legal fees if my account becomes past due. I have read, understand, and agree to this Financial Policy.

X _____ _____
Signature of Responsible Party Date

X_____
Print Name of Responsible Party

If you have any questions regarding this policy or any billing questions,
please contact the billing department at 480-940-8527