

## Penfield Pediatrics Billing and Credit Policy

At Penfield Pediatrics, our main goal is to provide the highest quality health care for our patients. In order to achieve this goal at a reasonable cost, we need your cooperation. Please note the following policies regarding billing for services rendered in our office.

- Full payment for all deductibles, co-payments, and co-insurances are expected at the time of your appointment unless other arrangements are made by our billing office.
- You are responsible for payment of any service requested and/or approved by you which is not covered by your insurance company.
- It is your responsibility to know what is covered or not covered by your insurance carrier. Upon request, our billing office can help you obtain this information.
- In the unlikely event that we do not participate with your insurance, full payment is expected on the date of service. We will provide sufficient documentation for you to submit a claim to your insurer and reimbursement will be sent directly to you.
- There could be an **additional service fee of \$10-\$20** charged to your insurance if your child is seen **on the weekend or after 5:00PM**. We are happy to provide these convenient hours to accommodate our many working parents. The fee covers our additional operating costs.
- **Payments not made on the date of service will incur a \$10.00 service charge.** To avoid this fee, you may return to or call the office before the end of the same day to make payment by cash, check, or credit card (Visa or MasterCard)
- **There will be an additional \$5.00 added to your account each month** for failure to make payment or make alternative arrangements with the billing office.
- **If an appointment is broken or cancelled with less than 24 hours' notice, your account will be subject to a \$25.00 missed-appointment fee. This fee includes missed appointments made the same day.** We reserve the right to waive this penalty depending upon special circumstances. As a courtesy, we make every effort to confirm your appointments. However, it is your responsibility to document your scheduled appointments as they are made and to keep them.
- **Keep your account current by making timely payments and remain in contact with the billing staff (377-8105) regarding any payment arrangements.** Remember, it is our policy that BOTH parents/legal guardians are responsible for your child's bills regardless of any outside financial/legal decisions.
- **All accounts not current are subject to the collection program and can result in a loss of privileges and relationship.** Penfield Pediatrics has the right to collect all reasonable costs, interest/billing fees, attorney fees, and collection agency fees associated with a legal action taken to recover a debt for services rendered.
- **Penfield Pediatrics will use any phone number you provide to contact you regarding account balances and insurance matters. Your signature indicates your agreement with our policy.**

**Financial hardship should never stand in the way of medical care.** Open communication can benefit both parties. Any hardship should be confidentially discussed with the Billing Office as soon as possible so as to avoid a difficult situation. Please feel free to call the Billing Office at (585)377-8105 with any questions about our policies.

**I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS SET FORTH ABOVE AND AGREE TO THE TERMS AND CONDITIONS THEREIN. I FURTHER UNDERSTAND THAT FAILURE TO COMPLY WITH THIS AND ANY OTHER POLICIES OF PENFIELD PEDIATRICS MAY RESULT IN TERMINATION OF PROFESSIONAL SERVICES.**

Name (father, mother, legal guardian) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_