

LONG POND PEDIATRICS FINANCIAL POLICY

IMPORANT NOTE: Long Pond Pediatrics does not quote insurance benefits, but asks that you refer to your insurance carrier to understand the benefits/limitations of your policy. For the benefit of all our patients, and to help you avoid unnecessary costs, please familiarize yourself with the information below. If you have any questions, please do not hesitate to ask.

- I understand that all copayments and/or deductibles must be paid at the time of service. If not paid at the time of the visit, a \$25 billing fee will be charged. This billing fee will be waived if I make payment no later than 11:00 a.m. the following business day.
- I understand that well child exams sometimes turn into an extensive exam or treatment of an illness or injury. When that occurs, the physician may bill my insurance for additional charges. A list of examples of these extended services is posted in each exam room. I may opt for well visit services only, and return for a separate visit to address any additional issues not normally covered during a well visit.
- I understand that a minimum 24 hour notice is required should I need to cancel a well visit or consultation appointment. Failure to provide adequate notice will result in a \$50 fee.
- I understand that once an acute visit is scheduled, any cancellation or rescheduling of the visit must be made at least 2 hours prior to the scheduled appointment. If appointment is cancelled with less than 2-hour notice, a \$25 fee will be assessed. Same-day reschedules limited to 1 per day.
- I understand that if I do not keep an appointment and have not called to cancel (no-show), I will be responsible for a \$75 'no-show' fee. Please note *Repeated no-shows or cancellations may result in being discharged from the practice.
- School, daycare, camp forms, FMLA forms will be completed within 3 business days. There is a charge of \$10 for each FMLA form completion. Should I need forms sooner, I understand an additional \$10 service charge will be collected prior to receiving the completed forms.
- In the event a check is returned for insufficient funds, a service charge of \$30 plus bank fees will be added to my account.
- I take responsibility for payment of any medical fees not covered by insurance.
- If my child requires lab work that is sent to an outside agency, I understand that I will be billed separately by that agency.
- Patients referred to collection agency for non-payment of services may also be dismissed from Long Pond Pediatrics.

X _____
Parent / Guardian Signature

X _____
Date

An important message to parents in a custodial, non-custodial or shared parent arrangement:

As is common practice in pediatric offices, **out-of-pocket expenses will be collected at the time of service from the parent or guardian who accompanies the child to their visit, regardless of any other financial/legal arrangements dictating who will pay. Bills for any outstanding claims will be sent to the address where the child resides.**

Compliance with court ordered arrangements would take place between the involved parties. LPPG does not enter into those arrangements. Any additional issues regarding financial responsibility should be addressed through Family Court Services.

