BARRINGTON PEDIATRIC ASSOCIATES FINANCIAL POLICY

Our office is committed to providing the best possible medical care for your children. We are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have questions **about our fees, our financial policy, or your financial responsibility.**

PARTICIPATING INSURANCE PLANS

We require you to have your child's current insurance card available to us at each office visit. All co-payments and balances are due the day your child is seen. There is a \$5 fee added to your bill if the co-payment is not paid on the date of service. If your insurance company has not paid a claim after 60 days from the date of the visit, the bill becomes your responsibility. If your coverage was terminated and you do not present us with the new insurance card within 30 days of the date of service, the bill is your responsibility. If your plan does not require a co-payment and we participate with the plan, we will submit the bill to your insurance company. You are responsible for any deductibles and balance your plan indicates on their EOB (explanation of benefits). These balances are due in full within 30 days of your first billing.

Some insurance plans limit procedures and services in order to control costs. We will always provide your child with what we consider the best, most up-to-date medical care. Certain services we provide may not be reimbursed by your insurance company and will become your financial responsibility.

TELEHEALTH SERVICES

Please be aware that you or your insurer may receive a bill for services provided via telephone. In an ongoing attempt to limit the spread of infection, our physicians are offering as much care over the telephone as is safely possible. Our preferred model of healthcare continues to be a visit in person, but we are constantly weighing the risks and benefits of potential exposure for your child and our staff with each patient interaction. Please understand that we are not taking the additional cost to our patients lightly when billing for these alternate services, but just as we would need to charge for our advice in person, we will need to charge for advice over the phone. Do not hesitate to call us as you normally would. Our first priority will always be the health of your child.

DIVORCE SITUATIONS

The parent who brings the child in for the visit is responsible for payment at the time of service regardless of the financial arrangements of the divorce agreement. Our goal is to be able to provide the appropriate medical care for your child.

AFTER HOURS VISITS

There is a \$45 after hours charge if you are seen outside our normal business hours. Most insurances will cover this. In the event yours does not you will be responsible for the balance.

MISSED APPOINTMENTS

Unless we receive 24 hour notice, there is a \$25 fee for missed appointments. Excessive missed appointments may result in termination of care. Please help us provide excellent care to all our patients by keeping your scheduled appointments.

CAMP, SCHOOL AND SPORTS FORMS

A completed state physical form is provided at each well visit. This is a \$10 fee to replace our form. A copy of your child's vaccination records is available free of charge. Please allow us ample time to complete your forms.

RECORD RELEASES

There is a \$15 charge, due at request, for all records releases. Please be sure to include the name and address of the doctor we are transferring the records to.

PATIENT ACCOUNTS

Any patient balance left unpaid after 90 days without any attempts at resolution will be considered delinquent and may be submitted to a collection agency. If you are having financial hardship, please speak with the billing office and we will make every effort to set up an acceptable plan with you. If an account is seriously delinquent, we may be unable to provide any further medical care to your children.

We accept cash, personal checks, Visa, Mastercard and Discover.