Three Little Birds Pediatrics Financial Policy

THANK YOU for choosing us as your children's health care provider. The following is a statement of our Financial Policy which we ask you to read carefully and sign prior to treatment.

REGARDING INSURANCE:

NOTE: Your insurance policy is a contract between you and your insurance company.

It is our policy to charge our patients and their insurers in a fair and consistent manner. Our fees are set at usual and customary rates for this area. Please note, some and perhaps all of the services provided may be non-covered services under your insurance plan, in this instance, a statement will be mailed to you and payment is expected upon receipt.

We accept assignment of insurance benefits with the following carriers: Aetna, BlueCross Blue Shield of WNY, Cigna, Empire Plan, Excellus BCBS, Fidelis, Independent Health, Lifetime Benefits, Multiplan, MVP, POMCO, Premier Option, Univera, United Healthcare and Your Care (please check before arriving).

***CO-PAYS AND PAYMENT TOWARD DEDUCTIBLE ARE DUE AT TIME OF SERVICE.**

We accept cash, checks, and MasterCard/Visa/Discover/AMEX.

If you have a high deductible plan, we will collect $50 against the deductible at the time of your visit.

Bring your insurance card to every visit. If we cannot verify your insurance, you will be expected to pay at the time of visit.

All insurance information including changes and updates need to be provided to us at time of service. If we are not given updated billing information within 90 days of the patients' visit we are not able to bill the patients' insurance carrier and the patient or the responsible parent is liable for all charges incurred.

COMMERCIAL INSURANCES, INCLUDING OUT OF AREA BLUE CROSS AND BLUE SHIELD POLICIES: We will bill all commercial insurance if we are provided with a copy of current insurance card, listing the subscribers' name, date of birth, policy number, and mailing address and phone number for medical claims.

If your insurance company has not paid our claim within 60 days, the balance will be automatically transferred to your responsibility. A statement will be mailed to you and payment is expected upon receipt.

It is your responsibility to contact your insurance carrier to verify if your physician within our group is a participating, or in network provider. Please be aware that your insurance carrier coverage may be less if we are not an in network provider.

RETURNED CHECKS:

Should you make a payment by check and it is retuned, a fee of $25 will be charged to your account, or whatever we are charged by any financial institution.

DIVORCED PARENTS:

Regardless of legal arrangements regarding divorce situations, it is the policy of Three Little Birds Pediatrics that the parent who accompanies the child to the appointment is the responsible party for the day's copay in full. It is up to the parents to deal with their legal obligations amongst themselves.

NO SHOWS AND CANCELLATIONS:

There will be a fee based on visit type for "no shows" or cancellations made within 24 hours of visit.

I HAVE READ AND UNDERSTAND THIS FINANCIAL POLICY AND AGREE TO BE PERSONALLY AND FULLY RESPONSIBLE FOR PAYMENT.

_____ _____

Signature of Responsible Party Date

_____ _____

Relationship to Patient Patient Name

REFUSED to SIGN: _____ Initial