

Financial Policies

Woodstock Pediatric Medicine will not provide medical care to children whose Parents/Guarantors refuse to sign and comply with our financial policy.

The following information is provided to avoid any misunderstanding or disagreement concerning payment for professional services. If you have any questions or have specific financial needs, please ask to speak to the practice manager or a billing representative.

We file insurance as a *courtesy*. **You are ultimately responsible for your child's charges.** Our office participates with a variety of insurance plans. It is your responsibility to:

1. Bring your insurance card and photo I.D. at every visit. It is critical we have the correct information at the time of service.
 2. Provide us with any secondary insurance information. Failure to provide us with this information may result in any balance becoming your responsibility due to timely filing.
 3. Pay your Co-Payment and/or any deductibles at each visit. It is our policy to collect these at check-in. This simplifies the office process and ensures your financial obligation assigned by your insurance is met at the time of service. We do not bill for Co-Payments.
 4. Pay in full for any medical care or services that are not covered by your insurance plan.
- If your child has insurance that we do not participate with or your child does not have insurance, payment in full is expected at the time of service. Your child will be a "Private Pay" patient in our office.
 - We do not bill auto insurance for any reason.
 - Co-Insurance/Deductibles are your responsibility, including any other balance not paid by your insurance. If this balance is not paid, we reserve the right to assign a collection agency and/or suit to collect this debt. The prevailing party would be responsible for any attorney's fees and cost of collections. You are financially responsible for any amount not covered by your child's health insurance. If you have specific questions concerning your insurance coverage, these should be directed to your insurance company member services department. The telephone number is usually located on your insurance card.
 - If your insurance plan is a HMO or POS policy it may require you to choose a PCP (Primary Care Provider). You will need to choose a physician from our practice. If your insurance card lists another physician's name, we will see your child, but you will be "Private Pay" and required to pay at the time of service until the PCP has been changed.
 - If you fail to make payment for services that are rendered to you, your outstanding balance will be sent to an outside collection agency, along with an added charge of \$75.00. You will be responsible for any fees associated with the collection of your outstanding balance. Failure to meet your financial obligations with this office could lead to dismissal from the practice.
 - To protect your child's records, we ask you to provide our office with a drivers license or other picture identification. Annually, or as changes occur, we will ask you to update and sign our demographic form. We will scan your insurance card, ID and demographic form into your child's electronic medical chart. We will check these documents prior to releasing your child's records.
 - In cases of divorce and/or separation, the legal guardian and/or the person bringing the child in for services will be held responsible for paying any balance originating from that visit. If you provide legal documentation that someone other than the legal guardian is financially responsible and you provide billing information for that responsible party, we will attempt to bill that party. However, if the balance is unpaid by that person, you will be held responsible for the balance on your child's account.

- **Combined visits:** If you are scheduled for a well child exam and other health concerns are brought up that would typically require a sick visit, your insurance company may consider these two separate visits and bill your co-pay and other charges accordingly.

- **ADMINISTRATIVE FEES:** WPM may charge fees for the following administrative tasks:

- ✓ Copies of medical records..... (see “Medical Records Copy Policy” for fee amounts)

- ✓ Special request physician letters or requests to complete physical forms.....\$25.00

- ✓ Outside Collection Fee.....\$75.00

- ✓ Returned check fee (insufficient funds).....\$35.00

Receipt of Notice of Financial Policies

I have received a copy of Woodstock Pediatric Medicine’s Financial Policies statement. I agree to abide by them and assign insurance payments to Woodstock Pediatric Medicine.

Signature of
Patient/Guardian _____
Date _____