BENNETT PEDIATRICS, LLC
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Bennett PEDIATRICS
CARING FOR THE CHILD. CARING FOR THE FAMILY.

FINANCIAL POLICY

Thank you for choosing us as your child's health care provider. We are committed to providing your child comprehensive Pediatric care. Please understand that payment of your child's bill is considered part of their treatment. The following is a statement of our financial policy. We require you to read and sign prior to any treatment. **ALL PARENTS MUST COMPLETE ALL PAPERWORK BEFORE THEIR CHILD IS SEEN.**

PAYMENT IS DUE AT THE TIME OF SERVICE. WE ACCEPT CASH, CHECKS OR CREDIT CARDS. If a check is returned to us for any reason, your child's account will be charged the amount of the check plus a $25 returned check fee.

USUAL & CUSTOMARY RATES
Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

There is $25 fee for appointments not cancelled within 24 hours prior to your appointment time.

WE CANNOT BILL YOUR INSURANCE COMPANY UNLESS YOU GIVE US A COPY OF YOUR CHILD'S INSURANCE CARD. Without a copy of the card, you will be responsible for 100% of the charges on that date of service. We will file to your insurance company, however, if you must pay a percentage of the bill, it must be paid at the time of service. All co-pays due at the time of service.

For newborns, you will need to contact your insurance company or Human Resources Department within 30 days to be added to your insurance. Otherwise, you will be responsible for the bill.

The balance is your responsibility whether your insurance company pays or not. Your insurance policy is a contract between you and your insurance company. Please be aware that some, and perhaps all of the services provided may be no-covered services and not considered reasonable by your insurance policy.

If you are unable to pay the balance in full, we can arrange a payment plan. If the balance is 90 days past due and/or you default on your payment plan, the account will be forwarded to a collection agency. You will be responsible for any fees incurred from the collection agency and/or legal services hired by Bennett Pediatrics, LLC. Furthermore, your child will be discharged from the practice.

In the event that your insurance changes, it is your responsibility to notify us as we may be non-participating providers. Failure to do so will result in you being responsible for all charges incurred. It is not the responsibility of Bennett Pediatrics, LLC to ensure we are providers. Our main concern is the health of our patients.

Regarding HMO, Managed Care and Medicaid plans, you are responsible for making sure that our practice and/or doctors are listed as your child's Primary Care Physician. **Failure to do so will result in you being responsible for all charges incurred.**

We provide lab work as a professional courtesy. You are responsible for providing us with the correct laboratory in which to send lab work. If your child's lab work is sent to an incorrect laboratory, you will be responsible for all charges incurred.

I have read and fully understand Bennett Pediatrics, LLC Financial Policy.

Parent's Name:_____ Child's Name:_____
(PLEASE PRINT) (PLEASE PRINT)

Patient/Parent Signature:_____ Date: _____/_____/_____

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