



Financial and Insurance Policy

✓ **Co-Pay's**

It is our Policy to collect your insurance Co-Pay at Check-In, on every visit.

Co-Pay is due regardless of who brings the child in for the service. Grandparents, Babysitter, Aunt, etc., will be expected to bring in payment for your co-pay. If you are reachable by phone, we can take your credit card information over the phone and send the receipt home with your child's caregiver.

✓ **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 may consider these two separate visits and bill your co-pay and other charges accordingly.

✓ **Billing**

As a courtesy, Dawson Pediatrics bills your health insurance provider on your behalf, with the following guidelines/exceptions:

- **Insurance Card:** It is critical that the most current insurance card is brought to every appointment. We must have the correct information at the time of service.
If you do not have this information you will be considered Self –Pay.
- You must report **ALL** insurance coverage. Failure to do so is considered insurance fraud. This will also result in full responsibility for the bill on your part.
- **Auto Insurance:** We do NOT bill auto insurance for visits and medical care related to an auto accident. Payment will be required at the time of service, and we will provide you with paperwork needed for you to submit to the auto insurance provider for reimbursement.
- Failure to receive your statement **Does Not** relieve you of your financial obligations. It is your responsibility to notify us of any changes in your billing and/or contact information.
- **Newborns:** Proof of application will be expected by the 30- day mark for those still not added to the insurance. Most commercial insurance companies allow only 30 days to add your newborn to your plan. Please do so as soon as possible.
- **Self Pay:** Self pay patients are required to make an advance payment on their sick office visit charge. If we do any additional testing, there will be additional charges that we can bill you for. If we have to send anything out to our lab, the **LAB** will bill you separately for their services. Well Child Exams have to be paid in full at time of service.
- **Administrative Fees:**

Dawson Pediatrics charges various fees for the following items:

- Copies of Medical Records
- Completion of additional sports physical forms (free during Well Child Visit)
- Special request of Physician letters
- Completion of FMLA paperwork
- Returned Check (for insufficient funds)
- **“No Show” Fees:** If you miss your appointment without calling ahead of time, you may be charged a \$25.00 “No-Show” fee for sick and \$50.00 for Well/Health check visits and ADHD Visits. Please be advised that chronic no-shows (3 or more) may result in a dismissal from the practice.
- **Balances:** In order to improve our office efficiency and ensure that we can financially sustain ourselves while continuing to provide services our patients are accustomed to, the following are our policies regarding outstanding balances:
 - We send out our statements monthly. If the account gets to being 60 days old and older, you will receive a phone call from our billing department to make a payment or set up a payment plan.
 - Past due accounts are subject to our collection process. There will be a 35% collection fee on top of the balance due.

I hereby authorize payment directly to the physician from my insurance carrier.

I hereby authorize the physician to release any information acquired in the course of my treatment necessary to process insurance claims.

I have read and understand the above stated policies. All questions have been answered by the staff at Dawson Pediatrics prior to signing this agreement. (Please list multiple children below if applicable.)

Patient Name

DOB

Patient Name

DOB

Patient Name

DOB

Patient Name

DOB

Parent/Guardian Signature (unless 18 yrs or older)

Date