pediatric care corner

John A. Boyle, DO, FAAP, FACOP
Roberta A. Bobal-Savage, MD, FAAP
Helen S. Economy, MD, FAAP
Matthew J. Hornik, DO, FAAP
Michelle D. Ober, MD, FAAP
2300 Haggerty Road, Ste. 2110
West Bloomfield, MI 48323
Phone: 248-926-1411, Fax: 248-926-5338

Financial Agreement

Patient: _____ Date of Birth: ____ / ____ / _____

1. Payment is due at the time of service. We accept cash, checks, and credit (Visa, MasterCard, Discover, and American Express).
2. **All co-payments, deductibles, and non-covered services must be paid in full at the time of service *by the person accompanying the patient—regardless of health insurance coverage arrangements or court directives* (in the case of estranged or divorced parents). *A $10 charge may be added to your account for billing costs if required co-payment is not made at the time of service.* Returned checks and balances older than 30 days may also be subject to additional fees. _____Parent/Guardian Initials**
3. Our office will submit claims to your insurance company as a courtesy service to you. It is important and *your responsibility* to know what services your insurance plan covers; we take no responsibility to know what services your insurance plan covers. Services that we render that are not covered by your insurance plan are your financial responsibility. Please be aware that insurance companies arbitrarily select certain services they will not cover under your benefit plan. We emphasize, then, as your health care providers, that our relationship is with you, not with your insurance company.
4. **In accordance with National Coding Guidelines, charges may be applied to services rendered during regularly scheduled evening (after 5:00p.m.), weekend, or holiday office hours in addition to basic services rendered. *These charges may be passed on to the patient if insurance coverage does not cover this service.* _____Parent/Guardian Initials**
5. If your insurance plan requires a designated primary care physician and we are not identified as your primary care physician prior to your visit, you will be financially responsible for any fees incurred regardless of your explanation of benefits. If your child needs services that require a referral, adequate planning is essential. Referrals must be authorized by the doctor and usually require an office visit. Authorization from your insurance plan for your referrals may take one or more weeks. Please be aware that we may be unable to accommodate call-in requests for referrals. Upon receipt of a referral to a specialist or ancillary service, it is your responsibility to be aware what has been authorized. Subsequent visits, procedures, surgeries, and hospitalizations typically require additional referrals. Do not expect the referral specialist or service to obtain approval for these additional services—this is your responsibility. Failure to obtain necessary authorizations often leads to an out-of-pocket expense for you. We are happy to assist you in any way with your health insurance managed care plan; however, our experience has demonstrated that planning and adequate lead time are essential. Your knowledge of your plan's regulations and benefits as well as adequate planning will help avoid delays and denied claims.
6. If your insurance company requires laboratory specimens to be sent to a specific lab, it is your responsibility to know the participating lab. Please make us aware.
7. Your pediatrician is here to handle your child's medical care and well-being. The physicians are not experts on insurance and cannot be aware of all financial arrangements. Please discuss insurance problems and financial arrangements with the business office staff.
8. If you are experiencing financial difficulties, please discuss this with the business office staff. We will gladly work with you to make payment arrangements. Accounts over 90 days past due may be referred to a collection agency, and such accounts may be reported to a national credit agency. You agree that we may charge you reasonable collection fees and attorney fees if we are forced to refer your past due account to a collection agency and / or attorney.
9. No Show Appointments: If an appointment is made with one of the physicians and then the patient does not show up for the appointment with no phone call to cancel, there will be a $15.00 charge if the appointment was for a sick visit. There will be a $20.00 charge if the appointment was for a well or physical appointment. Three no shows within 12 months will result in patient dismissal.
10. Cancellation of well-visit (physicals) with less than 24 hours notice may also be charged $20.00. Multiple sick visit cancellations in the same day may be charged $15.00 after review by physicians.
11. There will be a charge for the preparation and completion of the following forms: FMLA- $25.00; Patient charts- $15.00 if mailed, $10.00 if picked up by parent; and additional copies of Health Appraisals, camp forms, and physical forms-$5.00.
12. If you are bringing your child in for a preventative visit and you bring up an acute problem in the room with the physician and he/she addresses the acute problem, be advised this may be billed to your insurance as a separate encounter and you may incur additional charges that may be your responsibility. Preventative and sick visits should be scheduled separately.

A current version of our financial agreement is posted on our website at www.pedcarecorner.com. Future revisions may require a new signed financial agreement from each patient. We sincerely appreciate your cooperation and are happy to assist you in any way we can.

I have read, understand, and accept the above statements.

Print Name of Parent /Guardian: _____

Parent / Patient / Guardian Signature _____ Date Signed: _____