# **Financial Policy**

# For Registration

We'll need the following items and information:

- Insurance card;
- Name, date of birth, and address of the plan member;
- Patient's address and date of birth;
- Contact phone numbers for all parents and/or guardians.



### **Health Insurance Cards**

When scheduling each appointment, our team will verify your insurance information. Our office staff will verify your eligibility prior to or at check-in for each appointment. If your insurance information changes, please notify us as soon as possible.

### **Health Insurance Plans**

Because we participate with many different plans, we can't know the provisions of each patient's policy. We do recommend that you make every effort to understand your insurance coverage and, if necessary, to contact your carrier before receiving services, so you can verify your coverage levels (such as those for preventive care), co-pay, deductible, and co-insurance responsibilities. You are responsible for payment for any services not covered by your insurance.

### **Co-Payments**

We're contractually obliged to collect, and you're responsible to pay, your co-payment at the time of your visit. Please have your co-payment ready at check-in.

## **Missed Appointments**

Life happens, so we understand that sometimes you can't make your appointment. Please call us at least one full business day in advance to cancel or change an appointment. If you don't call to cancel in advance, we reserve the right to charge a No-Show Fee to cover the cost of the unfilled appointment slot. Multiple missed appointments, or failure to comply with other Bay Colony Pediatrics policies, may result in dismissal from the practice.

### **Balances & Deductibles**

We're responsible, by the terms of our contracts with health insurance companies, for billing you for any portion of assessment and treatment that your health insurance carrier does not pay and assigns as your responsibility. You are responsible for paying this portion of your bill.

### Collections

If your account maintains an open balance, it may be sent to collections and subject to an additional collection fee for per each applicable date of service. We may also pursue legal action to obtain payment. If you're having difficulty meeting medical bills, please let us know. We'll be happy to help you by setting up a payment plan. We encourage our patients to take advantage of this option, as we may have to dismiss from our practice patients who fail to meet their financial obligations.

### Guarantor

The parent or guardian who signs the patient's paperwork is the party responsible for all charges and payments. Due to confidentiality laws, we can only bill the person who signs the practice paperwork. Therefore, if the person responsible for the medical bill changes, the new guarantor must fill out a new set of paperwork. If your payment circumstances change, please inform us right away.

### **Self-Pay Patients**

If you don't have health insurance or you're receiving a non-covered service, payment at the time of the visit is required.