



## Financial Policy

It is the policy of Robeson Pediatrics to clearly outline the financial responsibilities of our patients and our practice. We are committed to providing our patients with excellent patient care. We have established this financial policy to accommodate both the patient and the practice.

Please read and initial beside each statement.

\_\_\_\_\_ **No Show Appointments:** A \$50.00 fee will be billed to the patient for all "no show "appointments. We ask that you call 24 hours prior to your appointment to cancel. If it becomes repetitive, it may result in dismissal from the practice.

\_\_\_\_\_ **Insurance Coverage:** We accept and file most major insurance carriers. You must understand your insurance plan(s). All **copays, co-insurance, and deductibles** are collected at time of service. Not all services are covered by all plans, but all fees are ultimately the patient's/guarantor's responsibility.  
It is your responsibility to follow up on unpaid claims. If you have a plan that is primary to Medicaid it is your responsibility to provide this information at the time of service, failure to do so may result in denials and the full amount will be your responsibility.

\_\_\_\_\_ **Insurance Cards:** It is your responsibility to provide the current insurance information. We ask that you provide us with a copy of your card at each visit along with your photo ID. If you do not have your insurance card you will be considered self-pay and payment is due at time of service.

\_\_\_\_\_ **Self-Pay:** Payment is expected at the time service is rendered unless arrangements have been made with the finance office prior to your appointment.

\_\_\_\_\_ **Return Checks:** Any returned checks from your financial institute will be subject to a fee of \$25.00 in addition to your monies owed. All payments hereafter will be requested in the form of cash or credit card. Returned checks must be paid within 30 days of service, failure to do so may result in dismissal from practice.

\_\_\_\_\_ **Refunds:** Prior to issuing a patient refund there must be no outstanding insurance claims or outstanding balances on the family's account.

\_\_\_\_\_ **Past Due Accounts:** Failure to pay after services are rendered may result in dismissal from practice.

\_\_\_\_\_ **Newborns:** Newborns will be required to provide proof of private insurance no later than the one-month appointment. Robeson Pediatrics is currently not accepting any new patients with Medicaid; therefore, newborns that are established under the pretenses of acquiring private insurance but fail to do so or qualify for Medicaid only will be dismissed from the practice.

Our practice firmly believes that a good physician/patient relationship is based upon good communication. If you have questions, please feel free to contact our office. Thank you for choosing Robeson Pediatrics.

***I fully understand the financial policy and agree to abide by these rules.***