

FINANCIAL AGREEMENT FOR GOODMAN PEDIATRICS, LLP

The providers at Goodman Pediatrics are here to serve your healthcare needs and are dedicated to providing you with the best care possible. The intent of this policy is to clarify the role of the patient/parent/guardian and the provider regarding billing issues. Please read and sign the following Financial Policy.

Please be aware that **payment for services rendered is due on the day of service. All co-pays, co-insurances, deductibles, and outstanding patient balances are due at the time of your visit.** If you are unable to pay your entire balance at the time of your visit, please set up a payment plan with the office. Failure to set up a payment plan, and make timely regular payments, may result in your account being sent to a collection agency, which will result in discharge from the practice.

No Co-pay/Co-insurance/Deductible- Goodman Pediatrics, LLP will be collecting all co-pays, co-insurances, and deductible payments on the date of service. The **office will charge a \$10 fee for all co-pays, co-insurances or deductibles not made at the time of service.** This fee will be waived if payment is arranged by the close of business that day. It is your responsibility to know what is covered, or not covered by your insurance plan, including any co-pays, co-insurances, and deductibles.

Lab tests/other charges- We will do our best to determine any out of pocket costs for the visit, but if there are additional tests done, or if the presenting problem is complex, there will be additional charges which will be billed after insurance pays that you will also be responsible for. You may also receive a separate billing statement from the lab or company performing the processing and evaluation of these tests. It may take a number of weeks to receive these bills.

No-Show fee- Our office charges a **\$40 fee if a physical (well-child), spirometry, or consultation appointment is missed or cancelled less than 24 hours in advance.** If your family misses more than 3 such appointments without appropriate notice, your family may be discharged from the practice. In addition, failure to pay the no-show fees will result in the account being sent to collection, which also results in dismissal from the practice

Monthly fee- After 60 days a \$5 monthly fee may be added to each unpaid account balance. As each child has their own account, these fees may become substantial if payment is not made in a timely manner.

Returned Check- If your bank returns a check to us you will be charged a \$40 fee in addition to any charges incurred with your bank.

Divorce/Separation- First and foremost, remember, it is our policy that BOTH parents/legal guardians are responsible for the child's bills regardless of any outside financial/legal decisions. Therefore, the parent/guardian attending the visit with the child is responsible for the co-pay, co-insurance or deductible at the time of service.

Outstanding balances- I understand that all outstanding balances must be paid in full before my child will be scheduled/seen for physical exams or consultations, unless previous payment arrangements were made with the practice.

Late for appointment- We will ask you to reschedule an appointment if you are more than 15 minutes late and the doctor cannot fit you in any other allotted time for the day. If asked to reschedule there will be a \$40 no-show fee incurred for consults, well child visits, and spirometry appointments.

Insurance- We accept many major HMO's as well as Blue Choice Option, and Excellus Child Health Plus. Please feel free to contact the office for further information regarding the insurance we accept. You are responsible for informing staff of any insurance changes in a timely manner. **Your insurance card must be brought each time your child comes in to ensure we have to most up to date information on file.** If your child is not enrolled in an eligible insurance plan within 60 days of joining our practice, it will result in discharge from the office.

Payment Options- We accept cash, check, credit/debit cards and medical flex spending accounts which include Visa, Mastercard, American Express, and Discover. We are happy to take payments over the phone for your convenience. In addition you may make a secure payment on our website Goodmanpedis.com at any time.

Financial hardship should never stand in the way of medical care. Open communication can benefit both parties. Any hardship should be confidentially discussed with the practice manager as soon as possible to avoid a difficult situation.

I understand and agree that insurance policies are an agreement between my insurance carrier and myself, not the provider. I understand that I am responsible for any balances my insurance company will not cover. I authorize Goodman Pediatrics, LLP to provide information to my insurance carrier concerning illness and treatment in order to be reimbursed and/or upon their request.

I understand that Goodman Pediatrics, LLP, and/or companies they contract with for collection purposes, will use any available phone number I provide, including cell phone numbers, to contact me regarding insurance matters or account balances. If I terminate or am discharged from care, reasonable fees allowed by Public Health Law for copying and mailing my medical records will be immediately due.

In the event that the patient is a minor, I am the parent and/or legal guardian of said patient and agree that I am responsible for all services rendered to the patient.

I have read and understood these financial policies. My signature indicates my agreement to abide by the policies of Goodman Pediatrics, LLP.

Parent/Legal guardian printed name	Parent/legal guardian signature	Date
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Patient name, printed	Patient signature (if over 18)	Date
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