



Kids Health Partners

Financial Policy

We appreciate your choosing Kids Health Partners as your partner in providing the best medical care for your children. The following information will give you a clear understanding of our financial policies.

Our charges are based on what is usual and customary in our geographic area. The amount you will ultimately be charged is determined by your insurance company's fee schedule. However, not all services are covered by every insurance policy. While we will do our best to alert you if we are aware that a service will not be covered by your insurance, there are too many individual policy variations for us to know the details of your policy; it is your responsibility to contact your carrier to determine if a particular service is covered or requires prior authorization. Any services provided by Kids Health Partners that are not a covered benefit under your insurance plan are your financial responsibility. Your insurance policy will also determine what your co-pay is (if any), what your deductible is (if any), and what percent (if any) of charges will be your responsibility.

Any charges that are your responsibility are due at the time of service, including co-pays and any other payments required by your insurance plan. Payment is required regardless of who accompanies your child for the appointment. It is important to understand that the amount you owe may not be determined until your insurance company has reviewed a bill for all services and paid your claim.

If we have a contract with your insurance company, we will submit a claim on your behalf. In order for us to efficiently bill your insurance company, it is your responsibility to provide us with accurate and up to date insurance information. Proof of insurance is required by providing your insurance card at each time of service. Please inform us if any changes in insurance coverage have taken place since your last visit or if you have received a new insurance card.

If we do not have a contract with your carrier, payment will be due at the time of service. We will offer a 5 % discount for any charges paid on the day of service.

We accept cash, personal checks (in-state only), Visa, MasterCard and Discover. Returned checks will be assessed a \$50 service fee.

If your bill is not paid in a timely fashion, your account may be referred to a collection agency. If your account is referred to collections, an additional charge of 20 % of the outstanding balance will be applied.

Missed appointments/Cancellations – As a consideration to us and to other patients, we require at least 24 hours notice of your need to cancel your appointment. We reserve the right to charge a \$50 fee for late cancellations or missed appointments.

If you have questions about this policy or about your bill, please call our billing service, MedCentrix, at (708) 747-9991.

I have read and understand the Kids Health Partners Financial Policy. I agree to assign insurance benefits to Kids Health Partners, LLC whenever necessary.

Printed Name: _____ Signature: _____ Date _____

Name(s) of your child(ren):
