Kids Health Partners, LLC

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. **It is your responsibility to contact your carrier to determine if our doctors are in network for your plan as well as 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 copay due on the date of service is, what your deductible is, and what percentage of the charges will be your responsibility.

Any services provided by Kids Health Partners that are not a covered benefit under your insurance plan are your responsibility and are due at the time of service, including copays and balances.

Credit Card on File

To improve the payment process and make your experience with us more convenient, we will need to have a **credit card on file** for each account. High deductible plans and rising co-pay amounts have made this industry standard for independent medical offices. Your credit card on file will be charged for the following reasons:

- Co-Pays
- Patient Payments not collected at your visit
- Fees for No Show or Cancellation within 24 hours
- Insurance Discrepancies which are not resolved within 90 days of the date of service
- Outstanding Balance greater than 30 days past due

This in no way will compromise your ability to dispute a charge or question your insurance company's determination of payment. Patients with verified active Medicaid coverage are exempt from having a credit card on file.

We will bill your insurance company first and upon their determination of benefits, we will charge your credit card for the patient portion of your benefit. We use InstaMed, a credit card processing company to securely store your credit card information to the extent required by law. You will be notified via e-mail from InstaMed of the amount that will be charged to your card and on what date it will be deducted. You will then receive a receipt once the charge goes through.

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. 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 insurance 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, American Express, Discover and HSA Cards. 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 for 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 fee for late cancellations or missed appointments. If you are more than 15 minutes late for an appointment, you may have to reschedule and will be charged for your missed appointment.

If you have questions about this policy or about your bill, please call our office at 847.677.7250 and we will do our best to help you.

I have read and understand the Kids Health Partners Financial Policy. I agree to assign insurance benefits to Kids Health Partners, LLC whenever necessary. By signing below, I agree to the Credit Card on File Policy. I authorize Kids Health Partners, LLC to keep my signature and a valid credit/debit card number securely on file with InstaMed Corporation, our credit card processing vendor. I authorize Kids Health Partners, LLC to automatically charge my credit card for amounts determined by my insurance carrier to be the responsibility of the patient's guarantor.

Name _____ Email Address _____

Signed _____ Date _____

Child's Name(s)	**Date of Birth**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____