

CENTER CITY PEDIATRICS PAYMENT POLICY

Thank you for choosing Center City Pediatrics. We are honored that you have entrusted us with your child's health. In order to continue to provide your children with the best possible care, we must adhere to the following financial policies:

Your Responsibility

Insurance Coverage: To protect you from receiving a bill because we did not have your correct information, **you must inform us of your coverage and any changes every time you make an appointment or check in.** If you do not have insurance coverage, we will still make every effort to see you, but you will need to pay a negotiated fee at the time of service.

Co-Pays: Our contracts with insurance companies mandate that we must collect your co-pay at the time of service. The amount of the co-pay is determined by your type of insurance—**any disagreements with this amount must be disputed by you with your insurance company. By law, we cannot waive this payment.**

If your policy requires deductibles and co-insurance, we will not collect those charges until your insurance carrier assigns the appropriate amount of patient responsibility.

Balances: Because of our office size and the financial predicament of primary care services in this country, we cannot afford to regularly send bills or provide service on credit. **All balances must be fully paid off at the time of scheduling appointments. We accept cash, checks or credit cards.** We ask that you take responsibility for any outstanding balances using your own credit source (i.e. credit card or bank loan)

Know Your Insurance Benefit: Your insurance policy is a contract between you and your insurance company, even if it is provided by your employer. There are many subtle differences between policies. You are responsible for knowing what services are covered and how much of the cost is your responsibility. **You will be responsible for any portion of the services that your insurance doesn't cover.** Carefully read your EOB's (Explanation of Benefits) that your carrier sends you in the mail.

Declare CCP as your Primary Care Provider: If your insurance requires you to select an office, **you must notify your carrier that you will be coming to us, prior to your appointment.** We cannot see you or write referrals until we receive notice that you have been added to our roster.

Newborns or Newly Adopted: Congratulations!! Your child is covered for the first 30 days by the mother's policy, regardless of which parent will provide ongoing insurance coverage. You should contact the carrier as soon as feasible to add the new child to your preferred policy. **Permanent coverage must be in place by the time of your child's two month well visit.**

Missed Appointments and Late Appointments: Please see additional policy

Form Fees: **There will be a \$5 per form fee for forms . FMLA forms will be \$15 and some extended forms (college forms) will be \$10.**