

Financial Policy

Thank you for choosing Jackson Pediatrics Associates as your child's pediatricians. As one of our patients we would like to inform you of our current office financial policies. Once you have carefully read the following please sign this document and return to our office staff. If you have any questions, do not hesitate to ask one of our staff members.

- Know your policy! Most plans have deductibles, coinsurances, and/or copayments that are solely your responsibility at the time of your visit. **Copayments are due at the time services are rendered.** The accompanying parent, grandparent, guardian, including babysitter is responsible for full payment at the time of service. If you do not have insurance, then **payment in full** for services provided are required at the time of visit. We accept cash, check, Visa or Mastercard. If a personal check is returned you will be charged a fee of \$35.00 plus the cost of the original balance.
- On arrival, please sign in at our front desk and present your most current insurance card. We accept most insurance plans, however you are responsible for any deductibles, coinsurance, or copays. It is your responsibility to notify our office of any insurance changes. Failure to bill an insurance company in a timely manner may result in non-payment; you will then be responsible for the full payment.
- Certain insurances require you to select a Primary Care Physician or a PCP. Please call your insurance prior to the visit and select one of our Jackson Pediatric physicians, if they have not been notified you may be financially responsible for this visit and/or your appointment will need to be rescheduled. If our physicians are not on your insurance panel, then **payment in full** for services provided are required at the time of visit.
- Virtual visits, electronic visits, and electronic messages for medical advice are charged by the provider delivering the service(s) to the patient/parent/guardian. Your insurance carrier will be billed for the services. You are responsible for any amount due not covered by the insurance to include copays and/or deductibles.
- It is your responsibility to understand your benefits and to know if you require referrals for specialist visits. Referrals and prior authorizations for services and medications require at least 3 business days to complete. No retroactive referrals can be provided.
- Patient balances are billed immediately once your insurance plan's explanation of benefits (EOB) has been received by our office. **If you are unable to pay your balance in full, please call the office to arrange a payment plan.** Any balance over 180 days will be forwarded to a collection agency.
- If you are unable to keep your scheduled appointment, we require you to contact our office within 24 hours before your appointment to reschedule or cancel. This will allow us to have another patient who needs that appointment to come in. If you do not contact us within 24 hours, we will charge a fee of \$50.00 for each child that was scheduled to be seen. We do not accept walk-in appointments, if you require an appointment you must call our office to schedule one.
- A \$20.00 fee is charged for all FMLA paperwork, college forms, or any extensive letters we must prepare. Payment is due when the forms are dropped off. The turnaround time for forms to be completed is 1 week.
- Before scheduling your child's annual physical appointment, check with your insurance company whether the visit will be covered as a healthy visit. Not all plans cover vision and hearing screens, questionnaires, strep tests, flu tests, etc., as well as the physical exam. If during a well visit your child is sick or has an issue that is not related to the normal growth and development of your child, and he/she needs treatment and/or medical attention for your concerns, your provider may bill the insurance company for both services. Conversely, the provider may decide to reschedule the well visit and focus on the issue that is causing the concern. In either case, you will be asked to pay for the sick visit portion of your visit while you are here just like if you had scheduled a sick visit that very day. It is your responsibility to know your insurance benefits. If services are not covered, you will be responsible for payment at the time of the visit.

Signature of Parent or Guardian

Date