FLORIDA PEDIATRIC ASSOCIATES, LLC

Pediatric Eye Consultants of North Florida

a Division of Florida Pediatric Associates

PAYMENT POLICY

PLEASE REVIEW CAREFULLY AND ASK STAFF TO EXPLAIN TERMS THAT ARE UNFAMILIAR OR CONFUSING. SIGNATURE IS REQUIRED.

Thank you for choosing us for your healthcare needs. Our relationahsip is best served when expectations are clearly understood. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we developed this payment policy to help you better understand your financial responsibilities in relation to the medical care we provide. We ask that you read the policy, ask any questions you may have and sign your name in the Acknowledgement section. A copy will be provided to you upon request.

All patients must provide us with valid identification (driver's license) and a current and valid copy of your primary (and secondary if applicable) insurance card(s) to provide proof of insurance. We do our best to confirm your insurance eligibility and determine what amounts you will owe prior to your visit, but sometimes that amount changes depending on the scope of services actually provided.

Our policy is to collect co-payments, deductibles and co-insurance amounts on the same day that services are rendered unless other arrangements have been made in advance. The practice accepts cash, personal checks, debit and credit card payments although additional fees will apply if a personal check is denied for insufficient funds**.** The practice reserves the right to deny non-urgent care to patients that refuse to manage his or her responsibility.

Insurance

Our practice is contracted with most insurance companies including Medicaid and Medicare and we will submit claims to those companies on your behalf. Insurance plans may restrict the type and/or number of services covered and/or the number or type of eligible providers. Knowing your insurance benefits is your responsibility. Please contact your insurance company with questions you may have regarding your coverage and confirm that our doctors participate with your insurance plan, whether or not a primary care referral or insurance authorization is required, and that the services you require are actually covered by your health plan. If you are insured by a plan we do business with but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. If we are not contracted with your insurance company, payment for all services is expected at the time of service. As a courtesy, we will submit claims to your insurance company. If you do not have insurance coverage, payment for all services is expected at the time of service.

Co-payments and deductibles

All co-payments deductibles and co-insurance amounts required by your insurance company must be paid at the time of service without exception.

Non-covered services

Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by your insurance plan. You must pay for these services in full at the time of visit.

Claims submission

We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

Coverage changes

If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

Nonpayment

Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and may be discharged from this practice.

Missed appointments

You may be charged a fee for missed appointments not canceled at least one day in advance. These charges will be your responsibility and billed directly to you. Please verify what this office charges for missed appointments fee with the Front Desk or office manager. Please help us to serve you better by keeping your regularly scheduled appointment. Excessive missed appointments will result in discharge from the practice.

Minor Patients

The adult accompanying a minor and/or the parent(s) (or guardian(s) of the minor) is responsible for payment at the time of service. Non-emergency treatment for unaccompanied minors will be denied unless payment arrangements have been made in advance.

Medical Records

We do not charge for sending medical records to another health care provider. If you request a hard copy of your medical record there will be $1.00 per page charge for the first 25 pages, and $.25 for each additional page.

Billing Questions

If you have a billing related question please contact Ascension Medical Billing, LLC at 866-343-3288

The undersigned certifies that he/she read and understands this document and has the legal right and is duly authorized to execute this document and accepts its terms as the patient or the parent or legal guardian of the patient.

Signature of Patient or Authorized Representative: _____Date: _____

Print Name of Authorized Representative: _____

Authority of representative to sign on behalf of the patient: ☐- Parent ☐- Legal Guardian ☐- Court Order ☐- Other: _____