

Alliance Pediatrics / Financial Policy

Patient's Name: _____

Patient's DOB: _____

- It is the guarantors' responsibility to present us with a valid photo ID and a valid insurance card.
- It is the guarantors' responsibility to know if Alliance Pediatrics (APPA) participates in the patient's insurance plan/network and should be confirmed prior to seeing the Provider.
- We bill your insurance as a courtesy to you. The guarantor is financially responsible for all charges whether or not they are covered by the insurance.
- **Initial** _____ *If provided with a primary and a secondary insurance, we will bill charges in accordance to that order. Once claims have been processed by both insurances and a balance still remains, the guarantor will be responsible for payment of the balance. Any balances greater \$150.00 and over 90 days past due, will be referred to an outside collection agency. Once the account has been sent to a collection's agency, the balance must be paid in full before we can schedule any Well Child appointments and sick visits may be limited to 30 days from the original notice sent to collection agency.*
- Our staff has the right to ask you for any past due balances, as well as your portion of the payment for today's services before being seen by the provider. Payment is expected at the time of service. This includes all co-pays, co-insurances, and deductibles.
- It is your responsibility to provide us with the most up to date address and phone number. We will continue to send monthly statements and correspondence to you at the address we have listed in our system. It is not the responsibility of Alliance Pediatrics to follow up with the patient if we receive returned or non-forwardable mail.
- The guarantor authorizes the provider to release all information necessary to secure payment of benefits.
- A \$10.00 processing fee will appear on your statement for any co-pays not paid on the date of service.
- A \$20.00 NO SHOW will be assessed if patient does not show for their scheduled appointment time.
- We reserve the right to charge a Cancellation Fee of \$20.00 if a cancellation is not done within 24hrs of scheduled appointment.
- If your insurance does not authorize a procedure or test and you choose to have the procedure or test done anyway, you will need to pay for those services upfront. Your insurance cannot be billed for these services.
- We reserve the right to charge an "extended/prolonged provider visit fee" along with your regular office visit fee while in the office and under the care of a physician/ARNP, for a period of time greater than or beyond your regularly scheduled office appointment.
- If you are being seen for an annual well check and have additional services outside of your insurances' "well check guidelines" that result in a written prescription, a referral sent to an outside provider or a have a procedure done, we reserve the right to charge a regular "sick" office fee along with a well exam fee. As per insurance guidelines, we would need to follow up on any additional "non/well" findings that accompanied your yearly well child exam. Any co-pays, co-insurances or deductibles that would accompany the "sick" office visit would apply and the guarantor would be responsible for those fees.
- Due to changes in the Affordable Health Care Act and with multiple options for insurance plans, some insurances will NOT cover Well Exams at 100%. Please refer to your health insurance plan for any specific terms and agreements.
- **Initial** _____ *At this time our Medicaid Panel is closed. We will not be accepting any NEW Patients with MEDICAID only. If you are an existing patient with MEDICAID or a private payer and have switched to MEDICAID as a primary, you are grandfathered in, however, if you have a NEW MEDICAID as a secondary, we will be unable to bill that insurance.*
- If your insurance requests repayment from a prior paid claim, notice will be sent to the address we have listed on file. We will NOT rebill the old insurance and your balance must be paid in full within 30 days of receipt of initial contact letter. If you had active, updated insurance that we did not have on file during this time, you will be required to submit your own appeal letter to that insurance company. We will not submit that appeal on your behalf. Florida Statute 627.6131

Guarantor Signature: _____

Date: _____