

Ridgefield Pediatrics Associates Financial Policy

It is the policy of Ridgefield Pediatric Associates to outline clearly the respective financial responsibilities of our patients and our practice. We are committed to providing our patients with excellent patient care, while minimizing administrative costs. We have established this Financial Policy to accommodate both the patient and our Practice.

Ridgefield Pediatrics participates with numerous insurance plans and managed care programs. It is the patient's responsibility to provide us with current insurance information and to present the insurance card at each visit. We will submit secondary insurances if we have the proper insurance information.

Our office submits claims to all insurance companies that we participate with. If we do not participate with your insurance company **payment is due at the time of service**, and we will be happy to file the claim upon your request.

We expect all patients to pay their co-pay at the time of visit. If we have to bill you for your co-pay there will be a fee assessed to your co-pay.

It is the patient's responsibilities to make sure that tests ordered meet the guidelines of their specific insurance plan. Some insurance companies do not cover the vision and hearing test that the American Academy of Pediatrics recommends. It is important to verify labs, hospitals, and physicians that are within your specific plan prior to accepting services. Medical Offices are not responsible for services not covered by individual plans. The patient will be asked to pay out of pocket for non-covered expenses.

Ridgefield Pediatrics accepts the following forms of payment **Cash, Check, or Visa/MC, Discover, and American Express**. If your check is returned from your bank unpaid we do not re-deposit without your permission. The patient will have 72 hours to present the office with cash, credit card, money order, or certified check. If the patient does not honor their responsibilities within 30 days, the practice will no longer accept Check as a form of payment from the patient. **All balances will be assessed a 1.5% late charge after 60 days.**

Many insurance companies will not reimburse for Travel Clinic, therefore Travel Clinic and all immunizations associated with travel clinic will require payment at the time of service. We will then submit the claim to your insurance company, and if your insurance company reimburses our practice will refund the patient.

We value our patients and we try to provide prompt and timely service to our patients. There is a fee for missed appointments, and cancelled appointments without 24 hours notification. This is to insure that we are able to service our entire patient population in a timely and proper manner.

We now charge for all Camp, Sports, and College forms that must be completed by the office.

Our Business Office staff is happy to assist our patients with any insurance questions related to filed claims, or provide any additional information the carrier may need to process the claim. However, specific coverage issues can only be addressed by the patient and their insurance company.

The adult accompanying a minor patient and the parents (or guardians) of the minor are responsible for payment at the time of service. Non-emergency treatment may be denied to unaccompanied minors unless payment arrangements have been made.

Our **New Financial Policy** and **Fee Schedule** are posted in our office, and a copy can be obtained upon request.

Our practice firmly believes that a good physician/patient relationship is based upon understanding and good communications. If you have any questions regarding our financial arrangement please feel free to contact our Business Office at 203-431-9557 Ext. 341 or Ext. 342.

Thank you for choosing Ridgefield Pediatrics to Care for your Child (ren).

Parent Signature _____

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