Financial Policy

Patient Name:
Date of Birth:

Thank you for choosing Pediatric Associates of Lewiston as the health care provider for your children. We are committed to the care and treatment of your children. This financial policy is an important part of your child's care. Due to increased insurance company demands we ask you to read and agree to the following policy.

We accept a wide range of insurance plans. However, all policies have different benefits, and we cannot know the specific details of each individual policy. It is ***your responsibility*** to know your individual policy and to verify all benefits and coverage information prior to having any services rendered. Also, you must notify us of any changes to your insurance plan or policy prior to your visit.

Co-payments
All co-payments must be paid at the time of service as required by your insurance contract. If you are unable to pay your co-payment at check in, an envelope will be provided to you for remittance of your co-payment to Pediatric Associates within 48 hours. A ***$10.00 late fee*** will be added to your statement if payment is not received within 48 hours of the date of service.

We accept cash, checks, visa, mastercard and discover.

You will be responsible for payment for the following reasons:

1. You do not have insurance. (please ask about our "Pay in Full Discount Plan")
1. You are insured by a company or a member of a plan with which Pediatric Associates of Lewiston P.A. is not contracted.
2. Your child receives a service that is not covered by your policy. For example, some plans do not cover certain immunizations.
3. Your insurance company denies your claim for any reason that is not resolvable.
4. You cannot verify that you have insurance at the time of your appointment.

A $25.00 fee will be applied to your account for all returned checks.

Timely Payment
Any ***outstanding balance*** is required to be paid ***before your next office visit***. If the balance is not paid or reasonable payment arrangements are not made within 90 days, your account will be turned over to our collection agency.
Furthermore, Pediatric Associates will not schedule any appointments for your children until the outstanding balance is paid.

Missed Appointments
Pediatric Associates ***requires a 24 hour notice*** to cancel an appointment. If you miss three appointments without prior notification to our office, you may be dismissed from our practice.

Questions about this policy? Call Lynn, the Billing Manager at 207-784-5782.
I have read and agree to Pediatric Associates' Financial Policy.

_____	_____	_____
Signature of Patient or Responsible Party	Print Name	Date