

Pediatric Associates Financial Policy

Patient Name: _____

Patient 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.

Health Insurance policies are complex. There are many different types of insurances available. It is important that you understand your insurance plan and our financial policies as well. Since it is our primary goal to provide the best healthcare for your children, we provide and offer a variety of services in our office. These services include a variety of labs, tests, and procedures. Some of these services have additional charges associated with them. Most are recognized by insurance companies. However, you may be required to pay additional amounts for these services depending on the type of insurance plan you have and your coverage. This office accepts patients who have private insurance, Maine Care and those who are uninsured. **It is always your responsibility to notify us immediately of any changes made to the above-named patient's coverage.**

Newborn Coverage

Newborn babies need to be added to your insurance plan within 30 days of birth to ensure coverage. We understand that it takes time to get added to the plan and receive an insurance card. When you receive your newborn's insurance information or card, please contact us as soon as possible with this information.

Co-Payments and Deductibles

Contracting with health insurance companies requires us to collect co-pays and deductibles.

Your co-pay is due at the time of service regardless of who brings in the child for the appointment.

If the patient has not met their deductible, Pediatric Associates will require payment at the time of the visit.

We accept cash, checks, Visa, Mastercard, Discover, and Care Credit.

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

Self-pay Accounts

Self-pay accounts are patients without insurance coverage, patients who have a balance due after their insurance has processed a claim, patients covered by insurance plans in which our practice does not participate, or patients without an insurance card on file with us. It is always the patients' responsibility to know if our office is participating with their plan. If there is a discrepancy with our information, the patient will be considered self-pay unless otherwise proven.

Patients with no insurance coverage will be required to pay a minimum payment of \$95 at the appointment (walk-in and scheduled) and will be asked to make payment arrangements for the balance. Payment arrangements are available if needed. Please ask to speak with our Billing Manager to discuss a mutually agreeable payment plan. It is never our intention to cause hardship to our patients, only to provide them with the best care possible and the least amount of stress.

Nonpayment

If your account is over 90 days past due, you will receive a letter stating that you have 30 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we will restrict/cancel any requested or scheduled appointments for your child(ren), and your child(ren) may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis.

Missed Appointments Pediatric Associates requires a 24-hour notice to cancel an appointment. If you miss 5 appointments without prior notification to our office, you will 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 Associate's Financial Policy.

Signature of Patient or Responsible Party

Date: _____