Legacy PEDIATRICS

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Financial Policy

I understand, accept, and acknowledge the following terms: (**please initial each line**)

_____ Payment for all services is my responsibility and is due and payable at the time services are rendered.

_____ If my health insurance carrier has accepted Legacy Pediatrics (hereafter referred to as LP) as a participating provider at the time of service. LP will submit a claim to my insurance carrier.

_____ Claims not paid within a timely manner (60 days) by my insurance company, become fully my responsibility.

_____ If my health insurance carrier HAS NOT accepted LP as a participating provider at the time of service, I am responsible for full payment at time of service unless prior arrangements have been made with LP's billing department.

_____ Upon my request to LP's billing department, documentation will be provided so that I may submit a claim for reimbursement of out-of-pocket expenses from my insurance carrier.

_____ Any contract for insurance coverage is made between my employer, the insurance company and myself, LP has no influence over available benefits or the approval of claims.

_____ If I wish to use my insurance benefits to cover the cost of any ordered tests, procedures or visits to third party providers, it is my responsibility to contact my insurance carrier to verify available benefits as well as participating facilities, providers and specialists. Payment for such services is my responsibility under the terms provided by said individuals.

_____ I am responsible for requesting any necessary referrals prior to seeing any specialists, and prior to having any tests or procedures performed. When possible these requests should be made 5 days prior to the appointment date with the specialist. It is up to the discretion of a LP provider whether or not to issue a referral requested after the appointment or procedure date.

_____ Referrals are not a guarantee of insurance benefits or payment. Concerns regarding denial of payment for ordered tests, procedures or visits to third party providers are to be directed to my insurance carrier.

_____ I am responsible for all co-payments and non-covered services at the time of service unless prior arrangements have been made with LP's billing department.

_____ Any co-insurance, deductibles or rejected claims are to be paid in full to LP within 30 days of receipt of a bill.

_____ If I pay these charges by check, I understand any checks returned unpaid by my financial institution will be subject to a fee of $25, *or any higher amount allowed by law.*

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Parent/Legal Guardian Signature Date