

A TO Z PEDIATRICS P.C.

70-31A 108th Street, Suite#10

Forest Hills, NY 11375

Phone: 718-575-2200

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FINANCIAL RESPONSIBILITY AGREEMENT

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All patients and guarantors are financially responsible for timely payment of medical services. We will file insurance claims for payment of services to the patients insurance carrier. The patient/guarantor is ultimately responsible for payment and agrees to pay the account(s). Per the insurance contracts, the insurance payments will be sent directly to A to Z Pediatrics. Any charges that are not covered by my insurance and are within their contractual limits are to be paid within 30 days of notification, unless other arrangements are made.

Co-pays are due at the time of visit as required by the insurance carrier.

Self Pay accounts must be paid at the time of the service unless other arrangements have been made.

It is the patients/guarantors responsibility to make all the required PCP changes as per their insurance policy **PRIOR** to their appointment.

I authorize the physician to release any information necessary to process an insurance claim as well as for collection services if necessary.

NEWBORN ENROLLMENT

It is essential that you enroll your newborn on your policy within a few days of the birth. We can only bill for newborn services under the parent(s) insurance for the first 30 days following the date of birth. If you have not enrolled the newborn within the 30 day period, the parent(s) will be responsible for the payment at the time of service.

MISSED APPOINTMENT FEE: I understand that I will be responsible for a **“No Show”** fee of **\$25.00** if incurred for not giving 24 (twenty-four) hours advance notice of cancellation of any appointment I am unable to keep. This fee will be directly billed to me and not to my insurance company for payment. ****Excessive abuse of scheduled appointments may result in discharge from A to Z Pediatrics**.**

UNPAID BILLS: Any charges remaining unpaid for more than 45 days from the date of service are considered delinquent and may be sent to a collection agency. The responsible party will have to correspond with the collection agency regarding any financial arrangements and will be responsible for the original amount due and an additional 35% of the owing balance as a collection fee and all legal fees of the collection.

MEDICAL RECORDS: There will be a Fifty-Cent (\$.50) charge per page for paper copies of medical records plus postage.

SCHOOL & CAMP FORMS: There will be a Five-Dollar (\$5.00) charge for School Forms. School Forms will be returned **(7)** days after the initial request.

A PARENT OR GUARDIAN WHO WILL BE RESPONSIBLE FOR PAYMENT OF THE BILL AT THE TIME OF THE SERVICE MUST ACCOMPANY THE CHILD. WE CANNOT BE BOUND BY ANY DIVORCE OR OTHER FAMILY RELATIONSHIP CONTRACTS.

I have read the above policy and agree to its terms;

Patient Name

Date

Parent or Guardian

Parent or Guardian Signature