



Leon Springs Pediatrics

LEON SPRINGS PEDIATRICS Office Financial Policy

As one of our patients, we would like to keep you informed of our current office and financial policies. We require a signature to document that you have read and understand these policies.

Payment

Payment is expected at the time of service. This is an insurance company rule. This includes co-payments or coinsurance for participating insurance companies. For payments LEON SPRINGS PEDIATRICS accepts cash, personal checks, VISA, and MasterCard. There is a service charge of \$30.00 for returned checks plus any additional fees the bank charges us.

Parents are ultimately responsible for any charges or portion thereof for which payment is denied by insurance for whatever reason, except where prohibited by law or prior contractual agreement.

Insurance

We do accept most commercial insurances to accept assignment of benefit and contracted rates. Please have your card with you at the time of your visit. We will scan your insurance card, take a picture of your child/children and import any paper work into your child's/children's electronic medical records. It is your responsibility to notify the front desk about any changes in your demographic information, i.e.; new phone numbers, new address, new insurance etc. We offer discounts to our patients who do not have insurance. If we file your claim, you are responsible for only the co-pay at the time of visit and any unpaid balances. If you are a private pay patient you cannot submit charges for reimbursement to your insurance company. This is considered fraud.

Every attempt will be made to verify your insurance benefits and eligibility prior to your appointment time. In the event we are unable to do so, the guarantor will be responsible for payment at the time of service. You will be given the appropriate paper work to submit to your insurance company for reimbursement.

If we are not a provider for your insurance, if you are not insured or we do not file with your insurance company, you may be responsible for the entire charge at the time of service.

Referrals

If your insurance company is an HMO it is your responsibility to call your insurance carrier to tell them you have chosen either Dr. Popp, Dr. Boggarapu, or Dr. Hawkins as your Primary Care Physician with an effective date. Any referrals to specialists, outpatient facilities, etc will be generated by our clinical staff at the direction of the physician. Non-urgent referrals are done within 5 business days. Urgent referrals are done right away and/or within 24 hours.



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Canceled or late Appointments

To help provide timely service to our patients, we do not take walk-ins. If you are later than 15 minutes for your appointment, we will try to work you back into the schedule, or perhaps offer an appointment to you with another provider. Out of courtesy to our other patients we may be forced to ask you to reschedule your appointment. We reserve the right to charge \$25.00 for appointments that are not canceled at least 24 hours in advance.

Past Due Accounts

An administration fee of \$15.00 will be assessed to all statements if you do not pay your financial responsibility at the time of service and/or a payment plan has not been put in place. If 3 statements need to be sent because of non-payment you will be given a 10 day notice for demand of payment. And, unfortunately your account will be turned over to a collection agency unless you call the office to make payment arrangements. The collection agency will assess a 33% interest charge. You will also be responsible for all costs and expenses of collections including, but not limited to our reasonable attorney's fees.

Please call if you have a question(s) about your bill. Most problems can be settled quickly and easily, and your call will prevent any misunderstandings. If you are having trouble paying your bill, please discuss the situation with us. Satisfactory arrangements can almost always be made. Financial considerations should never prevent children from receiving the care they need at the time they need it.

Additional Expenses

There is an additional fee of \$10.00 for all forms (including sports/physical, camp, daycare, etc.) that need to be completed by your physician when requested outside of an appointment. An additional fee of \$5.00 will be charged for the request of immunization records outside of an appointment, whether it is for personal records or release to daycare/schools. Under the medical practice act, a fee of \$25.00 will be charged for the first 20 pages and 0.50 for each page thereafter for personal copies of medical records. As a courtesy, no fee will be implemented to release records from our office to another medical office or to a school/day care. As a reminder in regards to requests for medical records, please make sure outstanding balances are paid. Please allow 24-48 hours for all forms and immunization record requests and allow 30 days for copies/release of medical records.

Signature of Guarantor

Print Name of Guarantor

Name of Patient

D.O.B.

Date