

HAMILTON PEDIATRICS FINANCIAL POLICY

If you have medical insurance, we are pleased to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our financial policy.

- Co-payments for office services are required at the time of service
- If co-payment is not received at the time of service a \$12.00 billing fee will occur
- Returned checks are subject to a bank fee of \$15.00
- A no-show fee of \$25.00, which is not covered by insurance, will be charged for any appointment not cancelled or rescheduled with 24 hours prior notice.
- A fee of \$10 will be charged for each School/Sports Physical Form that needs to be completed, unless it is presented to the Physician at the time of the Physical appointment where a \$5 fee will be charged.
- Family leave forms will be completed for a \$25 charge.

PLEASE NOTE:

- Your insurance is a contract between you and your employer and/or insurance company. We encourage you to contact your insurance carrier personally in order to remain informed of your benefits.
- Not all services are covered benefits under all contracts. You may be responsible for the deductible and co-insurances. We will make every effort to bill your insurance company for our services; however, this does not guarantee payment from your insurance carrier.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. If you have any questions about the above information, or any uncertainty regarding your insurance coverage, PLEASE do not hesitate to ask us.

SIGNATURE _____

DATE _____