

GRANDVILLE PEDIATRICS

FINANCIAL POLICY

Thank you for choosing Grandville Pediatrics for your child's medical care. We appreciate that you have entrusted us with your child's healthcare and we are committed to providing you with the best patient care possible. Because healthcare benefits and coverage options have become increasingly complex, we have developed this financial policy to help you better understand your rights and responsibilities as a patient.

Insurance Coverage

Please provide us with your current insurance information at the time of scheduling each visit and notify us of any changes. We must be able to verify your eligibility prior to your visit or your appointment may be re-scheduled. In addition, failure to inform us of a change in insurance may result in exceeding the limits of the time allowed to file a claim and you will be responsible for all charges. We will scan a copy of your insurance card and keep it on file for our records in accordance with insurance plan requirements.

Your health insurance policy is a contract between you and your health insurance company. Please note that it is your responsibility as the Policyholder/Patient to understand the coverage and benefits and be knowledgeable of any deductibles, copayments and/or coinsurance.

It is the Policyholder/Patient's responsibility to be sure your doctor is in-network and the services are covered under your plan. If your doctor is out-of-network, you will have a higher out of pocket cost. If you have any questions in regard to your current insurance policy benefits you should contact your insurance plan's member services.

Address/Phone Number Changes

It is important that we have your correct address and telephone information on file. Please advise us anytime there is a change in your address, telephone or other contact information. Failure to update our office of any changes to your contact information will delay the billing process.

Self-Pay

Self-pay patients are those patients without insurance coverage or who are receiving a service not covered by their plan. Self-pay patients are required to pay for any charges at the time of service. Self-pay rates are dependent upon the procedure being performed. Ask the office manager for more information.

Payments

All co-payment and past due balances are due at the time of service. We accept cash, check or credit cards.

We will bill your insurance for covered procedures. Once insurance has paid, you will receive a bill for any remaining deductible or co-insurance amounts owed. The balance is due in full within 30 days of receipt of the statement. Failure to do so may result in further collection activity which may include

referral to an outside collection agency and/or inability to schedule any further appointments. If you are unable to pay the full amount within 30 days, please speak to the office manager.

Non-Medical Fees

There will be a \$25 fee assessed on returned checks.