

# North Park Pediatrics, LLC

## Financial Agreement

You should become familiar with your insurance plan prior to making your appointment. This will help you be aware of covered and non-covered service. If you need **clarification, please contact the member services** number on your card. So that we can process your insurance claim in a timely manner please be prepared to pay your copayment at your time of visit as this is a financial responsibility between you and your insurance carrier. Secondary insurance submittal is the responsibility of the parent-guardian.

We will file health insurance claims with your primary carrier and payments from your insurance carrier are due within 180 days from the date of service. Once your claim has been processed, any open balance responsible by you is due within 30 days of invoice. Any payments more than 60 days late are subject to a \$25 late fee each month. In addition, all open balances on accounts over 120 days will be forwarded to collections, unless arrangements have been made with the billing department. Once an account is sent collections, you will be responsible for additional fees attached by the agency.

**We are not a party to any legal/verbal agreement between parents and/or guardians; therefore both parents and/or guardians will be responsible for all balances.**

Please remember to call your human resource office to add our child/children to your policy. We require two signatures below.

\_\_\_\_\_  
Mother/Father/Guardian

\_\_\_\_\_  
Mother/Father/Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date