

Patient Name: _____

DOB: ____/____/____

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 services. If you need **clarification, please contact the member services** number on your card. Please be prepared to pay your copayment at your time of visit. Secondary insurance submittal is the responsibility of the parent-guardian.

Please be aware that at the time of service, we do not know how your specific policy will pay on your claim. There are times that a procedure or service may be passed onto you as a coinsurance, deductible, cost share or copay. Examples of these may be: depression screenings, additional charges for appointments after 5pm, on Saturdays, or on Federal Holidays, after-hours phone calls, lead testing, vision or hearing screenings, among others. If your insurance company passes a charge onto you, please call them if you have questions.

We will file health insurance claims with your primary carrier. 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.

For newborns, please remember to call your human resource office to add your child/children to your medical insurance policy.

Mother/Father/Guardian

Mother/Father/Guardian

Print Name

Print Name

____/____/____
Date

____/____/____
Date