

Patient Financial Policy

Thank you for choosing Circle City Pediatrics as your health care provider. We are committed to building a successful physician-patient relationship with you and your family. **Please understand that payment for services is a part of that relationship.** The following is a statement of our Financial Policy.

Patient Information:

A fully completed, current patient registration will be on file in the patient's chart during the time in which the patient is considered an active patient. Patient registrations will be updated by the patient annually and will include where the patient can be reached by phone. A signature by the responsible party is required.

Insurance Claims:

Primary insurance: Circle City Pediatrics (CCP) will file claims with the patient's insurance upon the patient's submission of proof of insurance (i.e., insurance card indicating coverage, identification number and group number). In the event the patient has insurance coverage, but cannot provide documentation, payment is due at the time of service. The patient is responsible for supplying information requested by the insurance company (annual claims forms, accident details, etc.). Upon receipt of the insurance card, Circle City Pediatrics will submit the health insurance claim form indicating patient payment at the time of service.

Secondary insurance: Claims will be filed with secondary insurance if adequate information is received at the time of service. However, if payment is not received in our office within 45 days after filing, the responsibility will be transferred to the patient and due upon receipt.

Patient Financial Responsibility:

If no insurance is to be filed by Circle City Pediatrics, or if CCP is not a participating provider, full payment is due at the time of service. If you are paying privately for your visits a 20% discount will be given if you pay at the time of service.

Co-payment, deductibles, co-insurance and non-covered services are due at the time of service. For your convenience, we accept cash, checks, Visa and MasterCard. Payment arrangements will be made with a signed Payment Agreement and the approval of the patient accounts representative.

Because CCP only sees children, a signature of a responsible adult party is required on the registration form.

Accounts Past Due:

Payment from a statement is due upon receipt. Non-compliance may result in preparation of account for small claims court, collections agency and/or credit bureau reporting and possible discharge from the practice.

In the event an account is turned over for collections, the person financially responsible for the account will be responsible for all collection costs including reasonable attorney fees of no less than 30% and court costs.

A patient may remit in full for all outstanding charges owed on the account. Amounts previously placed with a collection service will need to be paid to the collection service.

Under these circumstances, the physician may reserve the right to re-establish the patient to an active status in the practice.

Missed Appointments:

Circle City Pediatrics requires a 24 hour notice of an appointment cancellation. Appointments missed and are not previously canceled may be charged a “no show” fee of \$10.00. Missed appointments will be charged to the patient.

Account Consultation:

Physicians do not discuss financial issues. Our staff is trained to discuss your account and make payment arrangements. They will be happy to help you, but if you need further assistance, a Patient Accounts Representative can be consulted as well.

You can reach our Patient Accounts Representative during normal office hours at 317-355-7336.