



LONG POND PEDIATRICS FINANCIAL POLICY

- Insurance cards must be presented at each visit. All copayments/deductibles must be paid at the time of service, and is expected to be paid by the person that accompanies the child to their visit, regardless of any other financial or legal arrangements. Copayments and deductibles not paid at the time of service will incur a \$25 billing fee that will be added to your account.
 - Well child exams may include an additional extended exam of a current diagnosis, or treatment of a separate illness or injury. The provider must bill according to treatment provided and this may result in additional copays and/or deductibles. A list of examples of these extended services is posted in each exam room.
- *** Patient statements will be sent either my mail or portal for accounts with an outstanding balance. The balances are expected to be paid upon receipt of the patient statement. Delinquent account balances may result in collection action and also may result in dismissal from the practice. If special circumstances make immediate payment impossible, payment plans can be set up with the Long Pond Pediatric Business Office.**
- A minimum 24 hour notice is required when canceling an appointment. Failure to provide this notice will result in a \$100 fee.
 - Failure to show for any appointment will result in a \$100 service fee. This is not billed to your insurance and is your responsibility. Multiple no-shows and/or same day cancellations may result in being discharged from the practice.
 - Long Pond Pediatrics will align their form request policy with Federal and State guidelines. Forms, including PFL, FMLA, day care and camp will be completed within 5 business days. There is a \$10 service charge collected at the time of request. Forms needed sooner than 5 business days will incur an additional \$10 service charge.
 - Checks returned for insufficient funds will incur a service charge of \$30 plus bank fees.
 - Lab work sent to an outside agency may incur additional charges that are billed separately by that agency.

I have read and understand the above financial policy. I agree with the policy.

Guarantor/parent signature

Date