



Dr. Brena M. Desai

PEDIATRICIAN PC.

FINANCIAL POLICY

Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve our goal. Please read this carefully and if you have any questions, please do not hesitate to ask a member of our staff.

INSURANCE:

Insurance is a contract between you and your insurance company. We will bill your primary insurance company as a courtesy to you. In order to properly bill your insurance, it is important you provide us latest insurance information and keep us posted on any changes of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill. You agree to pay any portion of the charges not covered by the insurance, including but not limited to those charges above the usual and customary allowance. If we are out of the network for your insurance company and you insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately. You are responsible to be sure all charges are paid whether by you or by your insurance carrier.

CO-PAY/CO-INSURANCE/DEDUCTIBLE:

The patient is expected to present an insurance card at each visit. All co-payments and past due balances are due at time of check-in unless previous arrangements have been made with the office. If we are your primary care physician, make sure our name and phone number appears on your card. If your insurance company has not been informed that we are your primary care physicians as of this date, you may be financially responsible for the visit.

According to your insurance plan, you are responsible for any and all co-payments, deductibles and coinsurances. ALL PAYMENT IS EXPECTED AT THE TIME OF SERVICE.

MISSED APPOINTMENTS/LATE CANCELLATIONS:

Broken appointments represent a cost to us, to you and other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment. We reserve the right to charge for missed or late-cancelled appointments. Excessive abuse of scheduled appointments may result in discharge from the practice.

OUTSTANDING BALANCE POLICY:

It is our office policy that all past due accounts will be sent two statements. If no resolutions can be made, the account will be sent to the collection agency, or attorney, and possible discharge from the practice. In the event it is turned over for collections, the person financially responsible for the account will be responsible for all collections costs including attorney fees and court costs.

FORMS AND FEES:

There is a \$5 prepayment fee for the review and completion of school/child care forms not provided at the time of the well-child examination. If you plan to mail school/camp form and expect us to fill it and mail it back to you please include prepaid self-addressed envelope along with form. A school/child care form is provided at no cost at annual examination. Please allow one week time after submission of school or

This financial policy helps the office provide quality care to our valued patients. If you have any questions or need clarification of any of the policies above, please feel free to contact us.

camp form to be completed by our office staff. Please keep the original form and photocopy for your child's school, camp, or activity. This will help you to avoid additional fees.

There is a \$1 per page fee for the transfer/copy of Brena M Desai Pediatrician PC records of the care provided for your children. This report includes immunizations, list of current and past medical problems, list of diagnoses from each visit, and growth charts – everything your next medical provider will need to diagnose your child. If you require or desire a copy of all Brena M Desai Pediatrician PC provider records there are additional charges based on the volume of records.

REFERRALS:

If your insurance plan requires a written referral for your child to see a specialist, or for procedures or laboratory tests, you must allow us 3 business days to complete the appropriate form(s) prior to obtaining services. You may have to reschedule your appointment if enough notice is not given to prepare your referral. Only emergency referral will be completed in the same day. Retroactive referrals cannot be written and will not be honored.

In general, we will not agree to a referral for a problem we have not been consulted about first. If a referral form is not presented at the time of service to the provider, the patient may be responsible for payment in full at the time of service. It is important the as questions arise, you contact your insurance company directly for final guidance and clarification.

I HAVE READ AND FULLY UNDERSTOOD THE FINANCIAL POLICY SET FORTH BY **Brena M Desai Pediatrician PC**. I AGREE THAT IF IT BECOMES NECESSARY TO FORWARD MY ACCOUNT TO A COLLECTION AGENCY, I WILL ALSO BE RESPONSIBLE FOR THE FEE CHARGED BY THE AGENCY FOR THE COSTS OF COLLECTION IN ADDITION TO THE ORIGINAL AMOUNT DUE.

Name of PATIENT: _____

Name of GUARANTOR: _____

Relationship to PATIENT: _____

Signature of GUARANTOR: _____

Date: _____