

Financial Policies

Thank you for choosing our practice for your child's health care. As a team, we are committed to providing the best health care for your child. Understanding the following financial policies is important, so feel free to ask any questions of our patient service representatives.

Millennium Pediatrics charges what is customary for the services we provide. Your insurance company is billed, and based on the fee schedule we have agreed to with each company, we receive their payment. You may have copays, deductibles and other out of pocket expenses that are standard for most insurance. Please pay your copay at the time of service, and provide the front desk with accurate and timely insurance information. We ask for your current insurance information at each visit so that we can correctly file the claims. Incorrect insurance information will result in transfer of your balance to self-pay.

Please be aware that we are not contracted with all insurances, and you may be responsible to pay in full at the time of service.

Some insurance may not cover certain charges such as well child care, vaccines and other medically necessary tests. If your insurance company does not cover these items it will be your responsibility to pay for them. There are many insurance policies and we are unable to know the terms of each one. Please contact your insurance company if you are concerned that a charge has not been covered.

When electronically submitting claim information to insurances, it is necessary to release medical and other registration information to the billing agent/clearinghouse and to insurance companies of individuals having responsibility for authorization and/or payment of health services.

CANCELLATIONS/NO SHOW POLICY:

24 hour notice is required for cancellations so that we can best accommodate our other patients. Failure to cancel within 24 hours or no show will result in a \$45 fee. Cancellation or no show for same day sick visits will be billed a fee of \$45.

LATE ARRIVAL POLICY:

Late arrivals may be seen at the provider's discretion, if the schedule allows. It may be necessary to reschedule the appointment. Repeated late arrivals will be charged a fee of \$45.

I have read the above policies for Millennium Pediatrics. I agree to the terms above and consent to the release of medical information to insurance providers as mentioned above. I also understand that my account is considered delinquent if no payment is received within 60 days of receiving a bill from Millennium Pediatrics. Delinquent accounts may be referred to a collections agency.

Signature: _____ **Date:** _____