

PLEASE NOTE

AGREEMENT OF FINANCIAL RESPONSIBILITY

I understand that it is my responsibility to know my insurance plan and its deductibles, co-pays, co-insurances. I also understand that if my deductible has not been met, or a percentage is my responsibility, the office expects payments at the time service is rendered. Payment for charges from earlier visits not covered by your insurance is due at the time you check in. Filing insurance claims is a courtesy that we extended to our patients, you are responsible for any balances after your insurance processes your claim. If not paid within 120 days, CLASBURG PEDIATRICS BILLING DEPARTMENT will begin various collection activities including, but not limited to submitting the past due account to collection agency

INSURANCE CARD AND POLICY

I understand that I must bring a physical insurance card and a current form of ID to every appointment. Without both physically present, I may be asked to reschedule my appointment. Pictures of insurance card and photo ID on your phone will not be accepted. Nor can we accept for copies to be emailed to the office as that is a violation of HIPPA regulation.

CONTROLLED MEDICATION POLICY

I understand that this office does **NOT** refill chronic pain and sleep medications. If needed, the office will give me referral for pain management.

FEE FOR FORM

The charges for completion of forms are as follows (sport forms, school forms) Payment of the fee is due up front. Please allow for 5 business days, unless the doctor is out of the office. Some forms require a more complex evaluation prior to completion and may require an additional visit to complete the form.

- All forms – \$10.00

PRESCRIPTION REFILL POLICY

Please contact your pharmacy for all prescription refills and have them send an electronic request. Please keep in mind that our office requires a 48 hours' notice on ALL refill request, so it may take up to 2 days for your request to be completed.

SELPAY POLICY

In order to address the need of our patients without insurance, we offer a 30% discount of our standard fees. ***In order to qualify, payment needs to be made IN FULL prior to or on completion of your visit or procedure.*** Any remaining balance is not eligible for a discount. This discount is offered only at time of service. This policy does not apply to any miscellaneous charges.

FINANCIAL ASSISTANCE

For patients with financial needs, we offer extended payment plans. Please speak with one of our staff to discuss your options. Please note that the self-pay discount does not apply to payment plans

Patient/ Parent Guardian Signature

Date

CLARKSBURG PEDIATRICS, LLC

HAS HAD TO MAKE THE FOLLOWING CHARGES

1. There is a **\$10.00** charge for the completion of any forms (SCHOOL, DAYCARE, CAMP, COLLEGE, ETC..) including when child is seen for a physical, no exceptions.
Please try to give us 5 business day to complete the forms.
2. There is a **\$10.00** charge for the copying, mailing and faxing of all medical records per patient.
3. WE DO ACCEPT PERSONAL CHECK: HOWEVER, THERE IS A **\$35.00** FEE CHARGE FOR A BOUNCED CHECK.
4. Please call **24 hours** before your appointment to cancel or reschedule. Repeated **"NO SHOWS"** will incur a **\$25.00** fee charge starting January 1, 2012

Thanks

CLARKSBURG PEDIATRICS, LLC

Patient/Parent Signature: _____

Signature of Guardian: _____

Date: _____