

## **Louisville Pediatric Specialists, P.S.C. Financial Policy**

**Louisville Pediatric Specialists, P.S.C., believes that part of good healthcare practice is to establish and communicate a financial policy to our patients. We are dedicated to providing the best possible care for you, and we want you to completely understand our financial policy.**

### **Patient Responsibilities:**

It is your responsibility to give our office current information. This includes name, address, phone numbers and current insurance information. It is your responsibility to know your insurance plan-deductible, co-payments, co-insurance and participating providers. It is both parents, and guardians financial responsibility-we will not get involved in divorce situations. Whomever accompanies the patient to the visit is responsibility to pay at the time of service.

1. **PAYMENT** is expected at the time of your visit. We will accept cash, debit card, credit card, or check. Payment will include any unmet deductible, co-insurance, co-pay amount or non-covered charges from your insurance company. If you do not carry insurance, or if your coverage is currently under a pre-existing condition clause, payment in full is expected at the time of your visit. We do ask for a copy of an ID or license due to the many cases of identity theft in the news lately. (Please do not be offended!) Please ask about our fees before the visit.
2. **INSURANCE** – We are participation providers with several insurance plans. We will file your insurance as a courtesy for you, however, if there is a problem with your insurance you are ultimately financially responsible for your account. Please remember that insurance is a contract between the patient and the insurance company and ultimately the patient is responsible for payment in full. If your insurance company does not pay the practice within a reasonable period of time, you will be billed. If we later receive payment from your insurer, we will refund any overpayment to you.

If our doctors are not listed in your plan's network, you may be responsible for partial or full payment. If you are insured by a plan that we do not have a prior arrangement with, you will be financially responsible at the time of service. Due to the many different insurance products out there, our staff cannot guarantee your eligibility and coverage. Be sure to check with your insurer's member benefits department about services and physicians before your appointment. You are responsible to know your insurance plan and benefits.

Not all insurance plans cover all services. In the event you're insurance plan determines a service to be "not covered", you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office. All procedures billed in this office are considered covered unless limited by your specific insurance policy.

3. **RETURNED CHECKS** will incur a \$25.00 service charge. You will be asked to bring cash or a money order to cover the amount of the check plus the service charge.
4. **ACCOUNTING PRINCIPLES** – Payment and credits are applied to the oldest charges first, except for insurance payments which are applied to the corresponding dates of service.

5. **COMPLETING INSURANCE FORMS, COPYING MEDICAL RECORDS, ETC.** Requires office staff time and time away from patient care for our doctors. We may require pre-payment for completing forms, copying medical records, or for extra transcription by the doctors. The charge is determined by the length and complexity of the form or letter.
  
6. Our Collection Policies are as follows:  
We collect payment at the time of service and file your insurance. After we received payment from your insurance company, if there is any remaining balance it becomes your responsibility. You will receive monthly statements and if you do not respond to the statements with payment in full or call our billing office to make significant payment arrangements, your account will be placed in our inn-house collections after 45 days. If it continues to remain unpaid, it will be sent to an outside collection agency, which could adversely affect your credit as well as result in termination of medical services to your children.  
**PLEASE UNDERSTAND THAT YOU ARE FINANCIALLY RESPONSIBLE FOR ALL CHARGES INCURRED IN OUR OFFICE.**
  
7. If you have questions in regard to any of your billing statements our accounts receivable staff is available to assist you. Call our billing office at 502-935-7184.

I have read and understand the practice's financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time.

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Signature of patient (or Responsible Party, if minor)      Date

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Please print the name of the patient

Updated 5-06-15  
Sherry Baker, RN, CMM, FACMPE  
Practice Administrator