



PEDIATRIC ASSOCIATES OF ORLANDO, PA

Patient Financial Policy

PATIENT NAME: _____

CHART # _____

Copays

The responsible party is expected to present the patient's insurance card at each visit. **All copayments and past due balances are due and payable at the time of service.**

Self-pay accounts

Self-pay accounts are patients who are covered by insurance plans with whom the practice does not participate. For patients without an insurance card on file or at the time of service or have not met their deductible, payment is due at the time of service. We do not give discounts.

Extended payment arrangements

In certain circumstances, extended payment arrangements may be made with the Business Office. The balance is to be paid over a three month period in equal monthly installments due by the first of every month. Responsible parties who fail to make a monthly payment will be sent to a collection agency and **will be discharged** from the practice.

Patient refunds

The following criteria must be met prior to issuing a patient refund: The patient has not been seen in the office for 90 days, there are no outstanding insurance claims and there are no outstanding patient balances on the account.

Divorce cases

In cases of divorce, the parent bringing the patient in for care is responsible for payment of copays, coinsurance and nonparticipating insurance balances at the time of service. Parent or legal guardian bringing child in for treatment is responsible for all copays, deductibles and co-insurance at the time of service.

Child custody cases

The parent with primary custody is usually the parent with whom the child lives and who usually brings the child to the practice for care. The custodial parent is responsible for payment at the time of service whether the account is considered self-pay, participating insurance or nonparticipating insurance. If the noncustodial parent carries the insurance on the child, the practice will bill that insurance company. The practice does not get involved with divorce specifics, e.g., one parent pays 80% and the other pays 20%. It is the parents' obligation to work out an agreement themselves or through the court system. The practice requires a copy of the divorce decree showing who has custodial care.

Referrals

If your insurance company has designated a primary care physician (PCP), you are required to have authorization from your PCP prior to receiving care from any specialists, home health agency, outpatient facility or any other special services. Referrals are based on medical necessity and are given by the treating physician. The authorization may then be obtained by contacting our Referral Coordinator at (407) 841-7296.

No Show Fees

Our cancellation policy requires that you cancel your appointment during business hours at least **24 hours** in advance or a "No Show" fee of \$50.00 will apply. We reserve the right to charge a "No Show" fee of \$50.00 for late cancellations of sick appointments that are made less than 24 hours ahead.

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

Responsible Party Signature

Date