

Ashe Pediatrics, PLLC

Office 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.

1. On arrival, please sign in at the front desk and present your current insurance card at every visit. If the insurance company that you designate is incorrect, you will be responsible for the payment of the visit.
2. 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 physician as of this date, you may be financially responsible for the visit.
3. According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances.
4. It is your responsibility to understand your benefit plan. It is your responsibility to know if a written referral or authorization is required to see specialist, if a preauthorization is required prior to a procedure, and what services are covered.
5. If our physician does not participate in your insurance plan, payment in full is expected from you at the time of your office visit.
6. If you have no insurance, payment for an office visit is to be paid at the time of the visit, or payment arrangement made.
7. All co-payments are due at the time of service.
8. A \$25.00 service fee will be charged for any checks returned for insufficient funds, plus any bank fees incurred.
9. Advance notice is needed for all non-emergent referrals, typically 3 to 5 business days. It is your responsibility to know if a selected specialist participates in your plan. Remember your primary care physician must approve referrals before being issued.
10. Before making an annual physical appointment, check with your insurance company whether the visit will be covered as a healthy visit. Not all plans cover annual healthy physicals or hearing and vision screenings.
11. Not all services provided by our office are covered by every plan. Any service determined to not be covered by your plan will be your responsibility.
12. It is your responsibility to know your insurance plan benefits if it is not covered, you will be responsible for payment at the time of visit.

Patient Name

DOB

Date

Parent Signature

Witness

4/20/2016