



OFFICE FINANCIAL POLICY

Thank you for coming to Farmington Pediatric & Adolescent Medicine, LLC. We believe that good care for you and your family starts with good communication, and we have created this policy to help our patients understand the responsibilities that they and their families have for payment of our fees. If at any time you have questions or problems with our fees or payment process, please do not hesitate to speak with our billing department.

On arrival, please check in at the front desk and present your current insurance card at every visit. **If the insurance company that you provide to us is incorrect you will be held financially responsible for the visit.**

If we are your primary care physician please inform your insurance company of this determination. Often times if the insurance company is not informed you could be held financially responsible for the charges.

According to your insurance plan, you are responsible for any and all co-payments at the time of service. You are also responsible for deductibles and co-insurance according to your health benefits.

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 specialists, if prior authorization is required prior to a procedure and what services are covered and how often. It is your responsibility to know if an annual physical can be prior to 365 days. Not all plans cover annual physicals or hearing and vision screenings. Not all services provided by our office are covered by every plan.

If Farmington Pediatric & Adolescent Medicine, LLC does not participate in your insurance plan or if you do not have insurance, payment in full is expected from you at the time of service. For scheduled appointments, prior balances must be paid prior to the visit.

Patient balances are billed immediately upon receipt of your insurance plan's explanation of benefits (EOB). Your remittance is due within 10 business days of your receipt of your bill. If you do not agree with patient responsibility amounts or reimbursement amounts set by your insurance, state, or government program, this matter is between you and that program. We are happy to provide you with factual information about your care and billing to help you discuss this with them but we still require you to promptly pay the entire charge we present to you, even if your issue with the program is not resolved.

A \$50.00 charge will be assessed to your account for NO SHOW APPOINTMENTS. A NO SHOW appointment is less than a 24 hour cancellation prior to the scheduled appointment time.

A \$25.00 fee will be charged for any returned checks.

If your child has a school, camp or sport form to be completed, there is a \$10 charge per form. College forms require a week for completion and there will be a \$10 charge. Payment is due when the forms are dropped off. We have a 7 day turn-around time for forms. If a form is needed sooner there is an additional \$10 rush fee and if we have to mail it back to you there is a \$1 additional charge. Forms cannot be faxed. Initial FMLA requires an office visit for completion. For a subsequent FMLA form there will be a \$10 charge.

Advance notice is needed for all non-emergent referrals, typically 5 to 7 business days. It is your responsibility to know if a selected specialist participates in your plan. Remember that your primary care physician must approve a referral before being issued.



FARMINGTON
Pediatric & Adolescent Medicine
“Where Children and Families Come First”

I have read and understand this office financial policy and I will be financially responsible for the following patient(s):

Patient Name(s)

Responsible Party Member's Name

Relationship

Responsible Party Member's Signature

Date