LAPEER PEDIATRICS

Financial Responsibilities

Lapeer Pediatrics is committed to providing you with the best possible medical care; if you have special needs, we are here to work with you. The following information is provided to avoid any misunderstanding or disagreement concerning payment for professional services.

The total patient balance due, including any co-payment or co-insurance, is required to be paid at the time services are provided. For your convenience, we accept cash, checks, and credit cards.

Our office participates with a variety of insurance plans. It is your responsibility to:

- Bring your insurance card to every visit.
- Be prepared to pay your co-payment at each visit. Payment can be made by cash, check, or credit card.
- For medical care not covered under insurance, the estimated payment in full is due at the time of the visit.
- Contact your insurance carrier to have Mohammad Al-Harastani, MD listed as the Primary Care Physician if required.
- Multiple Insurances: Please call your insurance carriers and update your coordination of benefits (COB).

- **Unpaid Account Balances**: In the event that you fail to make payments for services rendered after three statement cycles you may be discharged from the practice.
- **Payment Plan:** If you are unable to pay for necessary medical care, you may be eligible to participate in a payment plan. It is your responsibility to inform us of this prior to your visit. Lapeer Pediatrics firmly believes that a good patient/physician relationship is based upon understanding and good communications. Questions about financial arrangements should be asked prior to services provided. We will be pleased to refer you to the manager prior to scheduling you for a visit.
- **No Show's** will be charged $25.00 a visit in which will be due prior to the next visit.
- If you have questions about your insurance, we are happy to help you. Specific coverage issues, however, should be directed to your insurance company member services department (number is on the insurance card).

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Printed Name (and Guardian Name if applicable)	Patient or Guardian Signature	Date: