QuickCare pediatrics

Office Financial Policy

We would like to thank you for choosing QuickCare Pediatrics as your child's provider. To keep you informed of our current financial policy, we ask that you read and sign our financial acknowledgement prior to any treatment. A copy of this agreement can be provided for future reference.

- If required by your insurance (typically but not limited to Medicaid, CHIP, HMO), please make sure to list one of our medical doctors and office address on their policy. Failure to do so before an appointment can result in the patient guarantor assuming financial responsibility for that date of service.
- Please present all current insurance cards at the time of every visit. This is your verification of the correct insurance and consent to bill them on your child's behalf. Failure to do so before an appointment can result in the patient guarantor assuming financial responsibility for that date of service.
- It is your responsibility to understand your specific insurance policy. This includes but is not limited to: pre/prior authorization, copay amount, deductible amount, and coinsurance amount.
    - Copays are due at the time of service. There will be an additional 10% processing fee added toward the copay amount if not paid at the time of the visit.
- Not all services rendered by our office are covered by every insurance plan. Any office visit, testing and/or lab services not covered by your insurance plan will be your financial responsibility.
- If our providers are not in network or accepting your insurance plan, payment for rendered services is due at time of appointment.
- Self-pay appointments are accepted and due at the time of the appointment.
- Patient balances are billed immediately upon receipt of your insurance plan's explanation of benefits. Your remittance is due upon receipt of your bill.
    - Balances that enter delinquent status may result in your account being sent to collections and your child being discharged from the practice. Prompt payment is appreciated.

I have read and understand this office policy and agree to comply with the responsibility for any payment that becomes due as outlined above.

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____ Date _____