



254 Moraine Point Plaza

Butler, PA 16001

724-283-5437 Phone

724-285-5437 Fax

Office Financial Policy

We would like to thank you for choosing Quick Care Pediatrics as your medial provider. To keep you informed of our current office and financial policies we ask that you read and sign our financial acknowledgement prior to any treatment. Please keep this document for future reference.

Office Hours — 8:00 a.m. — 7:00 p.m. Monday — Friday. Saturday 9:00 a.m. — 12:00 noon

- If we are your primary care physician, Please be sure our name and phone number appears on your insurance card. If your insurance company has not been notified that we are the primary care physicians as of today, you are financially responsible for this visit.
- Please present your current insurance card at every visit. This is your verification of the correct insurance and consent to bill them on your child's behalf. If the insurance company that you designate is incorrect, you will be responsible for payment of the visit.
- It is your responsibility to understand your specific insurance plan. If there is an authorization or referral required when seeing a specialist we must be informed prior to visit. Also, it is your financial responsibility to determine if preauthorization is required prior to your procedure or services.
- If our physicians do not participate in your insurance plan payment is expected in full at the time of the visit. For scheduled appointments, prior balances must be paid prior to the visit.
- If you do not have any insurance you are financially responsible at the time of visit.
- All Copay's are due at the time of the visit. There will be an additional 10% processing fee charged toward your co-payment if not paid at the time of visit.
- Patient balances are billed immediately on receipt of your insurances plan's explanation of benefits. Your remittance is due within 10 business days of your receipt of your bill.

- Any account balance outstanding greater than 60 days will be charged additional billing fees and subsequently forwarded to a collection agency.
- Before scheduling your annual physical appointment, you must check with your specific insurance plan to verify that they cover an annual physical. Not all insurance plans cover annual physicals, hearing and/or vision screening.
- You must also verify that your annual physical was not within a year of your previous yearly exam. If you schedule an annual exam and it is completed before you are due for an annual exam. You will be financially responsible for that visit.
- Not all services rendered by our office are covered by every insurance plan. Any service that is not covered by your insurance plan will be your financial responsibility. Including office visits/services in office and lab services out of office. It is your responsibility to understand your specific benefit plan.

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

Patient Name _____ Gender M or F

Patient Name _____ Gender M or F

Patient Name _____ Gender M or F

Responsible Party's name _____ Relationship _____

Responsible Party's address _____

Responsible Party's home phone number _____

Responsible Party's cell number _____

Responsible Party's signature _____

Date _____