

*Pediatric Care, Inc.*

**Office Financial Policy**

**Mark Dine, MD, Daniel Friedberg, MD  
Marcie Strasser, MD, Madhavi Delsignore, MD  
Patrick Hein, MD, Margaret Hallman, PNP  
Amy Valerius, PNP**

**8250 Winton Road, Suite 103, Cincinnati, OH 45231  
513-931-6357**

**8752 Union Centre Blvd., West Chester, OH 45069  
513-682-5400**

In order to reduce confusion and misunderstanding between our patients and practice, we have adopted the following financial policy. Please take a moment to review. If you have any questions regarding this policy, please discuss them with our Billing Department. We are dedicated to providing quality care and service to you. A complete understanding of your financial responsibilities is essential in what we hope is a long and healthy relationship with our office.

**Contracted Insurance**

Pediatric Care, Inc. participates with most major insurance companies and will file all charges incurred with the appropriate claims office. In order to file promptly and accurately, an insurance card must be provided at **each** visit.

Today's health insurance policies and coverage offer more options than ever. Each patient is responsible for knowing his or her plan's benefits package, co-payment, co-insurance, deductible, non-covered services, and restrictions.

### **Co-payment/Co-insurance/Deductible**

All co-payments, co-insurance and deductibles are due and payable at the time of service per your contractual obligation with your insurance company.

#### **Co-payments**

Pediatric Care, Inc. is contractually obligated to collect your co-payment at the time of each visit. The cost of billing co-payments often exceeds the actual co-payment amount, therefore, our policy will be to charge a \$10.00 processing fee if you are unable to pay your co-payment at the time of service.

#### **Co-insurance/Deductibles**

Pediatric Care will collect \$50 per visit until your deductible has been met and co-insurance amounts have been established. Once the co-insurance amount has been established, the amount due at each visit will be the co-insurance percentage of the charges incurred, plus any deductible not yet met for the year.

### **Non-Contracted Insurance**

If we do not participate with your insurance plan, payment in full is expected at the time of service. We will provide you with a form suitable for filing with your insurance company or if you choose, we will file to your insurance plan as a courtesy.

### **No Insurance**

Full payment will be due at the time of service. If you are unable to pay your balance in full, you will need to make prior arrangements with our billing department.

### **Auto Accidents/Workers' Compensation/Liability Injury**

Full payment is due at the time of service. Due to the lengthy settlement process, our office does not get involved in third-party liability claims.

### **Responsible Party**

We ultimately hold both parents responsible for payment. In circumstances where the parents are separated or divorced, Pediatric Care will not act as a mediator in collecting our payments. If the account is not resolved in a timely manner, both parent's information will be submitted to our collection agency.

### **Return Checks**

A \$15.00 charge will be added to your account for any check returned by your bank for any reason.

### **Monthly Statements**

Billing statements are mailed monthly. All patient balances are due in full upon receipt. Accounts with unpaid balances over 60 days may be assessed a \$5.00 monthly statement fee.

### **Frequently Asked Questions**

*Q: What if I forget my insurance card?*

A: If insurance coverage can not be verified, you will be expected to pay in full at the time of service. If you are unable to pay the charges in full, you may be asked to re-schedule your appointment or make payment arrangements with our billing department prior to your visit.

*Q: What happens if I can't pay my co-payment?*

A: If you forget your checkbook, credit card or cash you may call the office prior to the close of day with your credit card number and you will not be assessed the \$10 processing fee.

*Q: My divorce decree states my ex-spouse is responsible for all charges incurred what if my ex doesn't pay?*

A: We ultimately hold both parents responsible and will try to resolve the balance in a timely manner. If we are unable to resolve the account, it will be sent to collection with both parent's information