

Pediatric Possibilities, P.A.
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Pediatric Possibilities Families,

As of May 1, 2009 Pediatric Possibilities will file insurance as a courtesy for our clients. Because of the variations among insurance policies, we have adopted procedures to streamline filings and allow you to receive your benefits in a timely manner. We will file your claims monthly.

- Pediatric Possibilities will send or issue you a statement with the DOS (Dates of Service) and payment that you have made during the time period. Remember, although we will submit claims for you, any changes made with your insurance company are your responsibility. It is your responsibility to inform us of any changes in your address, phone numbers, employment and medical benefits. Please let the office know of any changes with the above information immediately.
- In order for us to honor your insurance, you must provide proof of insurance coverage (i.e. insurance card) and the card holder's date of birth.
- As a security guarantee against non-payment of the full bill, we require payment due in full when services are rendered.
- Please remember we are not "In-Network" with any insurance companies. When we file a claim on your behalf, we do this as a convenience to our patients. You are responsible for any charges that are not paid. Though most plans do not require this, you should call your insurance provider and ask if your plan requires you to see providers in network. If your insurance plan requires authorization for treatment, please contact your primary care physician and they can obtain this for you. We will also assist you in this process if necessary.
- Please note that your insurance is a contract between you and your insurance company. We will not enter into a dispute with your insurance company over your claim. It is your responsibility to ensure that the claim is paid.
- If you wish to file your claims on your own, we will provide you with a patient statement at the time of service.
- Patients are responsible for additional communication with insurers, for example appeals, change of employment information, and other similar issues.
- **Medicaid:** Medicaid is the payer of last resort. If your child is covered by any other insurance, that company must be billed first. It is imperative that you inform us immediately if you change insurance companies at any time. **Any non-payment from Medicaid will be the responsibility of the parents. A valid Medicaid card must be turned in each month to verify coverage.**
- **OFFICE FEES:** You will be charged a \$5.00 fee on claims that need to be repeatedly resubmitted to the insurance company, due to information error that you did not provide to Pediatric Possibilities. If you present a check for insufficient funds, or place a stop payment on an issued check, you will be charged a \$25.00 fee for processing. Insufficient funds checks will not be reprocessed. You must pay by cash or money order. We will charge 1.5% monthly (18% annual) interest on all past due balances.

Signing indicates that I have read and understand the above insurance policy.

Printed Child's Name

Date

Signed (Responsible Party)

Printed Name