

Our Financial Policies

Insurance Cards – **You must provide your insurance card at each visit.** We will ask to see your card each time.

To bill your insurance, we must have a current copy of all insurance plans in effect at the time of the visit. Please also inform us of any insurance changes immediately. We cannot submit a claim without a copy of the card(s), as billing addresses differ by plans.

You are responsible for payment in full at each visit if a current copy of your insurance card is not provided at the time of each service. If unable to do so, we may ask that you reschedule the appointment.

For new patients, we must have a current copy of your insurance card or we will ask that you reschedule the appointment. A parent or legal guardian must be at the first visit and at all well check visits.

Payment

We reserve the right to request payment on an account if the balance is due or overdue.

If your insurance company has a copay, please pay it at the beginning of each visit at the front window when you check in.

If you are self-pay, payment in full is expected on the day that services are rendered.

As it is our policy, all established patients will be seen for sick visits. If the above policy presents difficulties for sick visits, please contact our business office at (614) 866-8077, extension 113.

We accept cash, checks and credit cards. There is a **\$30.00 returned check fee** in addition to the amount for which the check was written. We cannot continue to accept checks for payment if they are consistently returned. You will be asked to pay by cash or credit card.

Lab Services

Please be aware that it is your responsibility to make the nurse and/or physician aware if your insurance requires a specific lab facility in order to stay within your insurance network for benefits.

Additional Information

We must have all changes of insurance documented within 30 days of the date of service. All plans have a time filing limit on when charges may be submitted. If you fail to provide this documentation, we will hold you personally responsible for the charges.

You are responsible to know the details of your insurance plan. Eastglen Pediatrics, Inc. has no way of knowing what the benefits are to your specific plan. Contact your insurance company or human resources department with benefits questions, specifically; high deductibles, wellness coverage limits, and vaccine reimbursement limits.

DO NOT IGNORE OUR STATEMENTS! Please read your statement carefully; check your EOB (explanation of benefits statement for the visit) from your insurance company and any question should be directed to them.

We code in accordance with the CPT (Current Procedural Terminology) manual used by all insurance companies in determining usual, customary and reasonable charges. Different levels of service are determined by time, level of complexity, and number of organ systems involved.

**** I have read the above financial policy and agree that I have provided Eastglen Pediatrics, Inc. with all current insurance information. I understand that failure to do so will cause me to be responsible for any unpaid balance owed.**

Signature _____ Patient(s) Names _____

Date _____