BIRTH & BEYOND
PEDIATRICS P.C.

FINANCIAL POLICY

PAYMENT IS EXPECTED AT TIME OF SERVICE

Payment is required at the time services are rendered. The person bringing the patient to the office is responsible for payment. This includes co-pays, deductibles and the co-insurance due after the insurance company has paid. We accept cash, personal checks, cashier's check, money orders and major credit cards. There will be a $35 service charge for returned checks.

Divorced parents/custodial individuals: the parent bringing the child in is responsible for payment at the time services are rendered.

SELF-PAY

We will collect your payment upon check-in, estimating with your average level of service. If any other charges are incurred, such as lab, x-ray, immunizations, etc. or the visit requires more that the average level of service you will be expected to pay the difference upon checking out.

ASSIGNED GUARANTOR

The billing statement will be sent to the address of the insurance subscriber.

We will not be involved in any dispute between divorced or separated parents.

OUTSTANDING BALANCE

Accounts with no payment made for 60 days or greater are subject to being turned to a collection agency. If we are forced to turn your account for collection, your child(ren) will be discharged from our clinic. Please contact our Billing office staff at 918.392.1801, should you need to set up a payment plan of have questions regarding your account. The are available from 8am to 5pm - Monday through Friday, except on scheduled holidays.

INSURANCE

Our office policy is to ask for your insurance card at each visit. It is your responsibility to provide us the correct insurance information. It is an agreement you make with you insurance company to pay all you co-pays and deductibles at time of service. Knowing your insurance benefits are the responsibility of the parent/patient.

MISSED APPOINTMENTS (NO SHOWS)/LATE CANCELLATIONS

Cancellations are required 24 hours prior to the patient's appointment. If 24-hour notice is not provided you will be charged a no-show fee. No-show fees range from $25 to $75, depending on the appointment. Excessive abuse of "no-showing" scheduled appointments may result in discharge from our practice.

I have read and understand the Birth & Beyond Pediatrics, P.C. Financial Policy and I agree to assign insurance benefits to the Birth & Beyond Pediatrics, P.C. practice. I also understand and agree that I am responsible for any balance on my account and if it becomes necessary to forward my account to a collection agency, I will be responsible for the fee charged by the collections agency as well as the amount owed.

Signature of insured or authorized representative: ____

Relationship if other than patient: ______________________________ Date: ____ /____ /____

Patient's Name: ____ Date of Birth: ____ /____ /____