

Almouie Pediatrics, P.A.

The way kid's care should be
M.N. Almouie, M.D., F.A.A.P.

Patient Name: _____ DOB: _____ ACCT#: _____

Patient Financial Responsibility Policy Statement:

Almouie Pediatrics is pleased to provide your children, our patient, with the highest level of care for your child's health and quality of life. We strive to employ the most professional staff and deliver services to you with the latest technology and education available each day. You and Almouie Pediatrics, together, will combine our energies to bring positive results to your child's healthcare needs. Almouie Pediatrics in its continuous efforts to deliver the best in care requires payment of all known patient responsible balances at time of service. These balances may include but are not limited to co-pays, deductibles or co-insurance (amounts as stated in the benefits coverage contract with your insurance carrier); any amounts due for patients who are "self-pay"; any amounts due from previous dates of service, or amounts that may be incurred during your current visit. We understand that circumstances may preclude you from paying amounts due at time of service. In this event, arrangements may be made to work out a payment plan with our billing office. We appreciate your understanding and cooperation to ensure that Almouie Pediatrics is able to continue its provision of the highest level of services to all in need of our staff and facilities.

Payment Policy:

Payment is expected at time of service for any applicable co-pay, co-insurance, and/or deductible. Almouie Pediatrics accepts cash, checks, Visa, MasterCard, or American Express as forms of payment for your convenience. If your check is returned to Almouie Pediatrics for insufficient funds, a thirty dollar (\$30.00) returned check fee will be applied to your outstanding balance.

(Initials)

Insurance Policy:

We will require a copy of your insurance card and driver's license at the time of your arrival. Almouie Pediatrics will bill your insurance company as a courtesy to you, but this billing service does not preclude your financial responsibility for the services received. Any deductible, co-insurance or non-covered services, including ineligibility are your responsibility. Please understand that your insurance policy is a contract between you, your employer and your insurance company. Our office will not enter into a dispute with your insurance company over policy limitations or issues. This is your responsibility and obligation. If Almouie Pediatrics is not contracted with your insurance provider, Almouie Pediatrics, as a courtesy, will submit claims to your carrier; any deductible, co-insurance or non-covered services, including ineligibility are your responsibility. Almouie Pediatrics will mail monthly statements and contact you to collect any open balances. Please inform our staff immediately of any insurance changes.

(Initials)

Non-Covered Service Policy:

Certain services performed by our office, for your child's benefit, may **NOT BE COVERED** by your insurance plan(s). We suggest you contact your insurance carrier to verify your benefits and understand any non-covered services as these will be your financial responsibility.

(Initials)

Delinquent Accounts Policy:

Delinquent accounts will be reported to our collections department if a claim is unpaid after 90 days from the date of service following Almouie Pediatrics normal collection procedures to resolve any outstanding balances. Please inform our billing staff if you know your payment will be late in arriving or if you require payment arrangements. In the event of an overpayment we will reimburse you or your insurance company at the end of the following month that the overpayment occurred. Any balance over 120 days will be sent to a collection agency unless arrangements have been made prior to the due date.

(Initials)

Late Arrivals:

In order for our physicians to see their patients in a timely manner, your help in arriving promptly for your appointment is required. If you are more than 15 minutes late, our office will reschedule your appointment to a new date and time. Tardiness affects your patient care as well as those patients that have a scheduled time after you. We understand your time is valuable and will do our best to respect your time and see you as promptly as possible. Please be aware that sometimes certain situations and emergencies can occur and cause your provider to run late. Please be patient in these circumstances.

(Initials)

Medical Records:

Should you request a copy of your medical records or financial statements please allow our office 7-10 business days for completion. The charge for this service is five dollars (\$5.00) pages 1-5, then one dollar (\$1.00) for each additional page.

(Initials)

Forms Policy:

Should you request our office to complete forms on your child's behalf such as immunization records, disability forms, daycare, etc., there will be a charge of five dollars (\$5.00) per form. Payment of this charge is expected at time of completion.

