

Financial and Office Appointment Policies

Milestones Pediatrics is committed to providing you with the best possible quality medical care. In order to achieve this goal, we need your assistance, and your understanding of our office policies.

ALL PAYMENT IS EXPECTED AT THE TIME OF SERVICE Payment is required at the time services are rendered. Copayments are contractually set by the insurance companies based on the policy you and your family have chosen, and we are contractually bound to collect them. The person bringing the patient to the clinic for their appointment is responsible for paying the copayment and any outstanding balances on the account at the time of service unless previous arrangements have been made. In case of children of divorced parents, payment is still due at the time of check-in regardless of who is responsible by order of the divorce decree.

MISSED APPOINTMENTS/LATE CANCELLATIONS Missed appointments represent a financial cost to our organization and keep us from being able to see emergent patients. If you are going to need to cancel or reschedule an appointment, please give us a minimum of 24 hours' notice. If you miss three appointments with no effort to cancel or reschedule within 24 hours, you may be dismissed from the practice. Please arrive on time for your appointments. If you are more than 10 min late for your well visits or ADHD then we will have to reschedule but if your child is sick, your child will be seen as a "work-in" as soon as possible but we must keep scheduled time for our patients that arrived on time for their appointments. We do not feel that any one child is more important than another but do respect our scheduling needs and the needs of all our patients and their families. Thank you in advance for your cooperation and understanding with this matter.

TYPES OF PAYMENT ACCEPTED Milestones Pediatrics accepts cash payments, Visa, Master Card, Discover, and personal checks. Returned checks are subject to a \$25 'returned check fee' or 5% of the face value of check, whichever is greater, and you will lose your privilege to write checks in our office.

SELF PAY If you do not have insurance, you are considered to be self-pay. This means when checking out, the guardian present will be responsible for paying all charges billed for the appointment. We will apply a 30% courtesy discount if you are able to pay in full. Otherwise, a budget plan will be set in place to collect an agreed upon monthly amount for the balance to be paid off in no more than 6 months.

INSURANCE As a courtesy to our patients, Milestones Pediatrics will file all patient claims to the insurance company for reimbursement. Your insurance is a contract between you, your employer, and the insurance company. We are not party to that contract. Not all services are covered benefit in all contracts. All charges for non-covered services will be billed to the guarantor and will be his/her responsibility to pay them. The guarantor is responsible for paying the co-payment and any outstanding deductible/co-insurance charges at the time of service. Claims that are denied due to non-payment of the insurance premium are your responsibility. It is the policy holder's responsibility to make sure that claims are paid in a timely fashion. We realize that emergencies do arise and may affect your timely payment. If such extreme cases do occur, please contact us promptly for assistance in management of your account. We are more than happy to work with you and your insurance company to resolve any issues if needed.

OUTSTANDING BALANCES Milestones Pediatrics makes every effort to collect what is owed to us, including engaging the services of a professional collection agency for unpaid patient balances. Therefore, if a balance goes unpaid for 90 days from the date of service, including those that insurance has not paid then the account may be turned to a collection agency. There will be a \$30 or 30% service fee, whichever is greater, to all accounts being forwarded to an outside collection agency. If the account is turned to a collection agency, the guarantor will be responsible for paying all collection and legal fees. Once an account has been turned, the family will be dismissed for the practice. If you have any questions, please do not hesitate to ask us. We are here to help you and your family.

By signing below, I agree that I have read, understand, and will abide by the above financial and office policies.

PATIENT/PARENT SIGNATURE

DATE

PATIENT NAME

DOB

WITNESS SIGNATURE

DATE