

Pediatric Group Associates

www.pedatricgroupqc.com

Financial Policy

We are committed to providing you with the best possible care. If you have medical insurance, we wish to help you receive your maximum allowable benefits. To achieve this, we need your understanding of and assistance with our financial and payment policy. If you have any questions please feel free to contact our billing department at (309)797-5437x328.

- Your insurance policy is a contract between you and your insurance company. It is the patient/parents' responsibility to understand your coverage and benefits including: waiting periods, preventative care limits and maximums, deductibles, copays and co-insurance.
- Insurance cards are to be provided to the front staff at each visit. If you forget your card we will set your account to self-pay until you provide a copy to our staff. As a result you may be responsible for the balance due if your card is not provided to us in a timely manner.
- All copays are due at the time of service.
- Self-pay patients are expected to pay for services in FULL at the time of service.
- Any returned checks will result in a \$25.00 fee that will be posted to your account.
- PGA will not be involved in separation/divorce financial disputes. It is the responsibility of the person bringing your child for their appointment to pay the copay at the time of the visit. We will provide a receipt to you for reimbursement should one be needed.
- We work very hard to assist you in receiving the maximum benefits available under your policy. We are unable to guarantee what your insurance will cover/ pay.
- It is the patient/parent's responsibility to check with your insurance to determine if the provider they are seeing is under your plan. Please be sure to check with your insurance company before your visit to verify if the provider you are seeing is a participating provider under your plan.
- We realize that temporary financial problems may affect timely payment of your account. If such problems arise, we encourage you to contact the billing department promptly for assistance in the management of your account. If you have not contacted us or paid on your balance for 60 days, your account will be reviewed for collection agency process. All accounts sent to collections will incur a one-time \$25.00 administrative service fee.
- In the event of a transfer from PGA to another practice, PGA requests that all balances be paid prior to your records being transferred.

Thank you for your understanding. We value the physician-patient relationship and look forward to partnering with you on your family's healthcare. The undersigned, responsible party, agrees to be personally responsible for all charges. If at any time or for any reason, the undersigned is unable to pay for services when due and if it becomes necessary for Pediatric Group Associates to incur collection costs of institute suit to collect any amount due under this agreement, the undersigned also agrees to pay collection fees and expenses, including reasonable attorney's fees and court cost, plus all legal fees if incurred for collection and submits to jurisdiction and venue in Rock Island County, IL. I have read the above Financial Policy, I have understood it, and I agree to it. I have also received a copy of this financial policy.

Date

Signature Patient (if 18 yr.)/Parent/Legal Guardian

Relationship to Patient