

Princeton Lakes Pediatrics

Financial Policy

Thank you for choosing Princeton Lakes Pediatrics as your health care provider. We are committed to your satisfaction. Please assist us in meeting your expectations by reviewing the Financial Policy below.

FORMS

You will be asked to complete a registration form which will include your home address, telephone number, as well as the address and telephone number of your insurance company, if applicable. Insurance company information can generally be obtained from a card provided to the company's insured member, and we prefer to make a copy of the card for our records. We also request a copy of your driver's license or other picture identification to include in your record.

FORMS OF PAYMENT

For your convenience, we accept cash and checks, as well as many credit and debit cards. We must have a copy of your driver's license to accept checks.

OFFICE VISITS

All office charges are payable at the time services are rendered. For your convenience, we will provide you with a copy of the encounter form documenting the charges and receipts for your visit which you may use to file for reimbursement with your insurance carrier.

If you are scheduled for a Well Child Check-up and other health concerns are brought up that would typically require a separate visit, your insurance company may consider these two separate visits and bill your co-pay and other charges accordingly. Additionally, if it is determined that we need to treat a medical condition or must order additional tests or labs at the Well Child Check-up, your bill will reflect all services rendered. You may consider the appointment as one visit, but your insurance company may not. In that case, you could be billed for co-pay, co-insurance or the service could be applied towards your yearly deductible.

MANAGED CARE PLANS

Our physicians are contracted with many managed care plans. We will file your insurance in accordance with our agreement with the plan.

Any co-payment or deductible for which you are responsible must be paid at the time of service.

Although we can assist you in many ways, it is your responsibility to be familiar with the coverage provided by your insurance plan, particularly with respect to preventive care, immunizations, the authorization of any procedures and your primary care physician. Please let us know when you call to make an appointment of any changes in your insurance coverage or plan. It will be your responsibility to make payment for any services not covered by your

insurance company. If benefits and eligibility cannot be verified prior to service, you will be required to pay for services in full. Any charges denied by your insurance carrier will be your responsibility.

FINANCIAL RESPONSIBILITY FOR MINORS

Unless prior arrangements have been made, charges for a minor child seen in the office will be the responsibility of the adult accompanying the minor child.

Divorce, Separation, and Custody Agreements

Princeton Lakes Pediatrics will not be party to custodial, separation or financial disputes relating to individuals with regard to minor children to whom services are provided. The individual who requests the medical services and signs the financial agreement is responsible for any balance due. All co-pays, co-insurance, and deductible, if applicable, will be collected at the time services are rendered from the individual requesting the medical services for the minor child/children. We will not call the other parent for consent. The physician will discuss the minor's medical information with the accompanied parent at the time of the visit. Princeton Lakes Pediatrics will provide a copy of any medical records requested, although we reserve the right to charge a fee. Both parents have access to the minor child's medical records, unless there is a court order that specifically mandates only one of the parents to have the right to authorize medical treatment and release of the minor's medical records. We reserve the right to discharge any patient from Princeton Lakes Pediatrics if an issue comes between the (divorced/separated) parents which would disrupt our practice. We maintain that divorce, separation, and custody agreements should not enter into the medical care of a child; such matters should remain between the parents.

NONPAYMENT

If your account is over 90 days past due, you will receive a letter stating that you have need to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a **collection agency** and you and your immediate family members may be **discharged from this practice**. If this is to occur, you will be notified by certified mail that you have 30 days to find alternative medical care. During that 30-day period, our physicians will only be able to treat you on an emergency basis.

Cell Phone and Audio/Video Recording Policy

When you step into our office, your child's healthcare is our number one priority. That is why we ask that you please refrain from using your cell phone once you enter the office and for the remainder of your visit. If you must take a call, or have an important call to make, please step outside to do so. Parent agrees to turn off all cellular phones/equipment upon entering the clinical area and in exam rooms.

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*No audio or video recording of any kind for any reason is allowed in the office.
Princeton Lakes Pediatrics has a zero tolerance policy against aggressive behavior,
unreasonable expectations, bullying, profanity, lying, and verbal abuse towards our staff from
patients and their family members.*

**I, (Patient/Parent/Guardian), have read and understand the payment policy and
agree to abide by its guidelines.**

Patient Name: _____ Signature: _____ Date