

Acct# _____

BUFFALO PEDIATRIC ASSOCIATES

WELCOME TO OUR PRIVATE PRACTICE OFFICE AND YOUR CHILD'S MEDICAL HOME
PLEASE READ OUR FINANCIAL POLICIES CAREFULLY
(Effective June 2016)

Cancellation/No Show Policy

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Therefore, after 3 missed appointments in a 12 month period for your child, your child/family will be required to find another medical provider and you will be regrettably discharged from our practice.

If an appointment is not cancelled at least 24 hours in advance you will be charged a \$25 fee; this will not be covered by your insurance company and is the sole responsibility of the patient. You will need to pay the fee prior to any further appointments are scheduled. We thank you for your cooperation and help in this matter.

Scheduled Appointments/Late Policy

We understand that delays may happen, however we must try to keep the other patients and doctors on time. If a patient is 15 minutes past their scheduled time, it may be necessary to reschedule the appointment.

Account Balances

Patients with account balances in excess of \$250 will be asked to pay their balances in full unless prior arrangements are made with an account representative. Monthly payments plans are available but prior arrangements must be made with an account representative.

Insurance and Co-Payments and Co-Insurance

The parent that brings the patient in for the scheduled appointment is responsible for remitting co-pays at the time of service and unless otherwise indicated, responsible for obtaining the necessary referrals/authorizations your plan requires. If you fail to do so, you will be responsible for payment. These are policy provisions which you agreed to adhere to when you signed up for the plan. We will submit all charges and follow-up with your carrier for payment. You are responsible for all deductibles, co-pays and any other non-covered charges. **If you do not have any insurance coverage, you are fully responsible for any medical charges.**

High Deductible Health Plans

Patients with high deductible health plans will be asked for a \$50 payment prior to each visit. This is the responsibility of the parent that brings the child in for the appointment.

Non-participating Carriers

You are ultimately responsible for all charges if we do not have a participation agreement with your insurance carrier. If you provide our office with the necessary information needed to properly bill, we will submit on your behalf. You are responsible for following-up with your insurance carrier for unpaid claims and/or appeals. You are responsible for all deductibles, co-pays, and non-covered charges.

I have read and/or been advised to read the entire Financial Policy.

Signature: _____

Date: _____