

PEDIATRICS OF AKRON, INC.

FINANCIAL POLICY

Billing Department • 300 Locust St. Suite 200 Akron, OH 44302 • 330-253-7412 • 330-253-4611 (fax)
www.pediatricsofakron.com

Our practice is dedicated to providing the best possible care for you and your family and your complete understanding of your financial responsibilities is an essential element of your care and treatment. Please read all of the information below and if you have any questions regarding our financial policy, please contact our billing department.

1. We ask that you present your insurance card(s) at each visit. It is your responsibility to provide us with the correct information to bill your insurance.
2. Your insurance policy is a contract between you and your insurance company. It is very important that you understand the provisions in your policy including but not limited to, co-pay and deductible amounts and any non-covered services. We cannot guarantee payment of all claims. If your insurance denies our charges or does not pay us in a timely manner, you will be responsible for the charges.
3. Unless other arrangements have been made, any co-payment, deductible or non-covered service is expected to be paid at the time of service. For your convenience we accept cash, checks, and Visa, MasterCard, or Discover debit/credit cards.
4. There will be a \$30.00 fee charged to your account for all non-sufficient funds checks.
5. If there is a divorce involved, please remember that our policy requires that regardless of which parent is responsible for bills, payment is due at the time of service. The person that brings the child to the office for the appointment is expected to make payment. As you should be able to understand, we will not get involved with divorce disputes.
6. Any auto accident claims need to be paid at the time of service. Please ask us for a receipt of the visit if you need to submit this to your auto insurance for reimbursement.
7. **NEW INSURANCE COVERAGE:** If you have recently signed up for a new insurance carrier/policy, it is YOUR responsibility to make sure that Pediatrics of Akron physicians are in network providers with your specific plan before making your next appointment with us in which the new plan will be billed.
8. **HMO PATIENTS:** If you have a primary care physician listed on your insurance card, it MUST be POA or a POA physician or we will NOT be able to see your child.
9. **HEALTHCARE EXCHANGE PATIENTS:** If your healthcare coverage is through the new healthcare exchange marketplace, it is your responsibility to confirm we are contracted providers with your plan. Also, if premiums for your plan go unpaid, all billed charges become your responsibility.
10. **SELF-PAY PATIENTS:** If you have no healthcare coverage, you will be expected to pay at the time of service. If you are not able to pay in full, you will need to contact our billing department to discuss payment arrangements prior to being seen.
11. We are not a worker's compensation office.
12. It is your responsibility to know the details of your insurance plan referral process. If your plan requires you to have an authorization for an ordered procedure or to see a specialist you will need to obtain that from our office prior to these services. Please check to see if Akron Children's Hospital lab and x-ray services are covered under your insurance as that is where our office refers these services to.
13. For all services rendered to minors, we require the adult accompanying the patient to make payment at time of service. Please make prior arrangements if need be.
14. If your account becomes delinquent, we reserve the right to refer your account to a collection agency which may report to a credit bureau. If you are referred to a collection agency your family will be dismissed from the practice.

It is the philosophy that as physicians, we contract with parents to care for their children, not with insurance carriers. Our billing and collections policies are necessary to assure the financial health of Pediatrics of Akron and our ability to provide quality health care to your children.

Please keep a copy of this financial policy for your records. Thank you!