

Marblehead Pediatrics

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Marblehead Pediatrics Financial Policy

All payments are expected at the time of service

Payment is required at the time services are rendered, regardless of who brings the child into the office. This includes applicable coinsurances, deductibles and co-payments. In cases (such as divorce) where the custodial parent is not the insurance holder, the person accompanying the child is responsible for the payment. As a convenience, the person responsible for payments may keep an encrypted credit card on file. Our office will not bill for co-pays. Marblehead Pediatrics accepts cash, personal checks, AmEx, Discover, Mastercard, VISA and most Health Savings Account cards. There is a service charge of \$10.00 for all returned checks.

Patients with an outstanding balance of 60 days or more past due must make arrangements with the billing office prior to scheduling well child appointments or obtaining school, camp and/or sports forms. Patients with balances over 90 days will be referred to our Collection Agency and will be seen for emergencies only. We do realize that there are extenuating circumstances and that people have financial difficulties and are willing to work with you to help resolve the problem. Please speak with the office manager to make special arrangements.

Insurance

Your insurance card must be presented at every visit. We bill insurance companies as a courtesy to you. It is your responsibility to notify the office of any insurance change. It is essential to enroll newborn infants with your insurance carrier within 30 days of the date of birth. Unless this is done, the child has no insurance coverage under your policy. If you fail to do this within 30 days following birth you will be billed for the services that we have provided. We do not bill secondary insurances for co-pays. If we do not receive payment from your insurance company within 60 days from the date of service, you will be expected to pay the balance in full. You are ultimately responsible for all charges. If you need assistance or have questions, please contact our billing department

Responsibility for Medical Care Every child under the age of 18 must be accompanied by a parent/legal guardian or by an adult who has obtained written consent for the child's treatment from the parent/legal guardian. The exception is an adolescent presenting for confidential services which we are permitted by state law to provide without consent of the parent.

Missed Appointments and Late Cancellations

Missed appointments are a cost to us and, more importantly, can prevent us from having the time to see other sick children who need appointments that day. Cancellations are requested 24 hours in advance. Our staff will attempt to call and remind you of your appointment; however, the responsibility to keep the appointment is yours. A \$25 charge will be assessed for missed appointments or for failure to keep the appointment. Persistent missed appointments may result in discharge from the practice.

School/Camp/Sports Forms

Our school/sports form will be provided to you at your child's yearly exam. Additional copies can be printed from our patient portal.

Medical Records Transfer

If you request a copy of your child's medical records to be sent either to you or to another physician, there will be an administrative fee of \$20.00 to be paid at the time the request is made. Please allow up to two weeks for the processing of this request.

I have read and understand the <u>Marblehead Pediatrics Financial Policy</u>. I also agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed, I may also be responsible for the fee charged by the Collection Agency for cost of collections. I certify that the insurance information I have given is correct. I authorize release of any medical information necessary to process a claim. I authorize payment made directly to MARBLEHEAD PEDIATRICS.

Child's name:	DOB:
Patient/Parent/Legal Guardian	Date: