



FINANCIAL POLICY

Patient's Name: _____ DOB: _____

Basic Policy:

Thank you for choosing Eureka Pediatrics as the health care provider for your child. We are committed to providing the best quality care to each of our patients. Please understand that payment of your bill is considered a part of your responsibility. The following is our financial policy to help you understand your obligation which we require you to read and sign.

Payment for service is due in full at the time of service. We do bill most insurance carriers for you if the proper paperwork/insurance card is provided to us. We will also bill most secondary insurance carriers as well. Copays are a part of **YOUR** contract with your insurance company and by law are due **AT THE TIME OF SERVICE.** Insurance companies **DO** perform random audits and if a breach of contract is found it may result in a loss of your coverage. Since your agreement with your insurance carrier is a private one, we do not routinely research why an insurance carrier has not paid or why it paid less than anticipated for care. If an insurance carrier has not paid within **60 days** of billing, professional fees are due and payable in full from you. **It is your responsibility to keep our office informed of any address, phone number, or insurance changes as we can only work with the information provided to us.**

Separation/Divorce Policy:

Eureka Pediatrics is not a party to any separation or child support agreement or divorce decree. The parent accompanying the child is responsible for paying the copay or any charges pre-determined not covered by insurance **AT THE TIME OF SERVICE.** Balances for services denied by insurance are due in full thirty days after the date of the first monthly statement regardless of the terms of the separation or child support agreement or divorce decree.

Personal Injury Cases:

This office does not bill for auto accident or other liability or lawsuit-related cases. You are responsible for payment at the time of service.

Yearly Health Checks:

Periodic preventative health checks may or may not be covered under your health insurance policy; however, they are encouraged and it is your responsibility to know what your insurance covers. Vaccines, lab test and other procedures may also not be covered by your insurance carrier. It is your responsibility to know this by educating yourself before any visits what your insurance policy pays and doesn't.

Assignment of insurance benefits:

All patients please read and sign below. I hereby assign all medical/or surgical benefits, to include major medical benefits to which I am entitled, private insurance and any other health plans, to Eureka Pediatrics. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand I am financially responsible for all charges whether or not paid by the insurance carrier. I hereby authorize Eureka Pediatrics to release all information necessary to secure the payment.

I also understand and agree to the terms of the above financial agreement. If at any time Eureka Pediatrics turns over my account to a collection service due to default of payment, I will be responsible to pay for all legal and collection fees.

I, the parent of _____ have read the financial policy and I understand and agree to

Patient Name

these terms, and assignment of benefits from my insurance company to Eureka Pediatrics.

X _____

Date: _____

Signature of Responsible Party