

FINANCIAL POLICY

I have requested medical services from Surf Pediatrics and Medicine, PC on behalf of myself and/or my dependents and understand that by making this request I become fully financially responsible for any and all charges incurred in the course of the treatment. According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances. Our financial policy is listed below:

1. **Co-payments** are due at the time of service for every visit scheduled with a provider or nurse;
2. **Self-pay** patients are expected to pay for services in **FULL** at the time of the visit;
3. If we do not participate in your insurance plan, payment in full is expected from you at the time of your visit. We will supply you with an invoice that you can submit to your insurance for reimbursement;
4. Patient balances are billed immediately on receipt of your insurance plan’s explanation of benefits.

Your remittance is due within **30** days from the initial bill sent;

1. If previous arrangements have ***not*** been made with our finance office, any balance outstanding longer than 90 days will be considered past due and forwarded to a collection agency and dismissal process will start;
2. For scheduled appointments, prior balances must be paid prior or at the time of the visit;
3. If you participate with a high-deductible health plan, we require your balances be paid in full within **30**

days from the initial bill sent or you may request to place a credit or HSA card on file;

1. We accept cash, checks, Visa, and MasterCard credit and debit; and
2. A $20 fee will be charged for any checks returned for insufficient funds and we will no longer be able to accept any checks.
3. There is a $25 no show fee for all appointments cancelled within 24 hours of appointment time.

 

Patient Name Date of Birth

  

Signature Date Relationship