



## **CAMKIDS FINANCIAL POLICY**

Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve our goal. Please read this carefully and if you have any questions, please do not hesitate to ask a member of our staff.

1. On arrival, please log-in on any available kiosk at the front desk and present your current insurance card if it has been changed. **IF THE INSURANCE COMPANY YOU DESIGNATE IS INCORRECT, YOU WILL BE RESPONSIBLE FOR ANY AND ALL CHARGES ASSOCIATED WITH THAT VISIT.**
2. If we are your Primary Care Physician (PCP), make sure our name and address appear on your Insurance card. If your insurance company has not been informed that we are your PCP as of visit date, you will be financially responsible for the visit.
3. Patients are responsible for all Co-payments, Deductibles, or Coinsurances associated with your plan. Your Insurance company will not pay, nor is it responsible for any portion of a bill that is a Co-payment, Deductible, or Coinsurance.
4. We do not submit claims to secondary insurance plans. If you have secondary insurance, we will provide you with a receipt of payment to submit for reimbursement. Your secondary insurance will send the reimbursement check directly to you. **YOU ARE RESPONSIBLE FOR ANY BALANCE ON YOUR ACCOUNT.**
5. It is your responsibility to understand your benefit plan.
6. If our physicians do not participate with your insurance plan, payment for visit is expected, in full, from you at the time of your office visit.
7. Any prior account balances must also be paid prior to the visit.
8. If you have no insurance, payment for an office visit is to be paid at the time of the visit.
9. Co-payments are due at time of service.
10. Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due within 30 business days of your receipt of your bill.
11. If there is no payment agreement made for outstanding balances with our finance office, any outstanding account balance greater than 60 days of notification will be charged a \$20 re-bill fee. Any outstanding balance over 90 days will be forwarded to the collection agency.
12. A \$20 fee will be charged for any checks returned for insufficient funds, plus any bank fees incurred.

13. Before making an annual physical appointment, check with your insurance company whether the visit will be covered as a healthy visit. Not all plans cover annual healthy physicals or hearing and vision screenings. It is your responsibility to know your insurance plan benefits. If it is not covered, you will be responsible for payment at the time of visit.
  14. Not all services provided by our office are covered by every plan. Any service determined to not be covered by your plan will be your responsibility.
  15. The charge of Medical records is .75 cents per page. Medical chart will be provided upon day of payment.
- I have read and understand this office financial policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.

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Patient Name

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Responsible Party Member's name

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Relationship

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Responsible Party Member's Signature

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Date