

Financial Agreement

1. **Payment is expected at the time of service.** We accept cash, checks, MasterCard & Visa.
2. **All co-payments, deductibles and non-covered services may be paid in full at the time of service.**
3. A schedule of fees for our services is available at the reception desk. Our office will submit claims to your insurance company as a service to you. It is important that you know what your insurance plan covers. Services not covered by your insurance company are your responsibility.
4. **Please be aware of specific details of your insurance plan's covered benefits. This is especially important with regard to well care maximum limits and immunization coverage limits.** Do not assume that all services are covered. It is your responsibility to know the limitations of your coverage and to communicate them with our office staff prior to delivery of service.
5. **We expect 24 hours notice for all cancellations.** We reserve the right to charge \$25 cancellation/ "no show" fee for appointments cancelled with less than 24 hours in advance.
6. If your insurance is a managed care plan, please review your coverage. If your child receives services that require a referral, adequate planning is essential. Referrals must be authorized by your doctor and usually require an office visit. Authorization from managed care plans for your referrals may take up to one week. Please be aware that **we are unable to accommodate same day call in requests for referrals.** Upon receipt of a referral to a specialist or ancillary service it is your responsibility to be aware what has been authorized. Subsequent visits, procedures, surgeries and hospitalization typically require additional referrals. Do not expect the referral specialist or service to obtain approval for these additional services—this is your responsibility. Failure to obtain necessary authorizations often leads to out of pocket expense. We are happy to assist you in any way with your managed care plan, however, our experience with these plans has demonstrated that planning and adequate lead time are essential. Your knowledge of your plans regulations and benefits as well as adequate planning will help avoid delays and denied claims.
7. If you can not provide adequate proof of insurance, you will be responsible for the entire visit at the time services are rendered.
8. If your insurance company requires laboratory specimens to be sent to a specific lab, it is your responsibility to know the participating labs. Please make us aware.
9. We reserve the right to charge and additional fee of \$25 for after hours care provided in our office on weekends, evenings or Holidays. This fee may or may not be covered by your insurance carrier.
10. In care of estranged or divorce parents, the parent accompanying the child to the visit is responsible to pay for services rendered—regardless of coverage or insurance arrangements. We will gladly furnish you with necessary statements for reimbursement.
11. If you are experiencing financial difficulties please discuss this with the business office staff. We will gladly work with you to make payment arrangements. Accounts over 90 days past due may be referred to a collection agency.
12. Your pediatrician is here to handle your child's medical care and well-being. The physicians are not experts on insurance and cannot be aware of all financial arrangements. Please discuss insurance problems and financial agreements with the business office staff.

Sincerely,

Dr. Kim Coleman & Dr. Christa Shilling, Pediatric Specialists of Bloomfield Hills, P.C.

I understand and accept the above statements.

Parent Signature

Date