Medical Center Pediatrics
Financial Policy
(18 and older)

We are dedicated to providing you with the highest quality of care available. Your understanding of our Financial Policy is important to our professional relationship.

- PAYMENTS: All co-pays are due on date of service. Any outstanding balance is also due upon a visit; unless a prior arrangement has been made. We accept cash, personal checks, Visa, MasterCard, Discover, American Express, debit cards and health savings account cards. Medical Center Pediatrics does NOT bill or extend credit.
- INSURANCE: We accept most insurance plans; however always check with your carrier to ensure we participate. It is your responsibility to notify our office if there are insurance changes. If you fail to share any insurance information that results in a rejection, you will be responsible. You have read and understand the terms of your health insurance policy.

Due to the consistent changes in insurance policies, we are unable to interpret every insurance plan. Therefore we urge you, as the parent/guardian/self, to know your individual policy. If you have any questions about your policy please contact your insurance carrier directly. Again **IT IS YOUR RESPONSIBILITY TO KNOW YOUR INDIVIDUAL COVERAGE. If you choose not to obtain your insurance plan limitations you as the parent/guardian/self could be responsible for all expenses incurred. Please note that your insurance plan is between you and your insurance company NOT between your insurance company and Medical Center Pediatrics P.L.L.C. **

- RETURNED CHECKS: All returned checks will be assessed a $25 service fee, which is not billable to your insurance.
- RESPONSIBLE PARTY: The parent/guardian who accompanies the child to the appointment is responsible for the payment that day. In divorce situations responsibility issues are between the parents, we do not get involved in these issues.

I HAVE FULLY READ ALL OF THE ABOVE INFORMATION. I UNDERSTAND AND REGARDLESS OF MY INSURANCE STATUS I AM RESPONSIBLE FOR MY ACCOUNT

Name:_____

Signature:_____

Date:_____

(Office use only)

Patient account number(s):