



Torneria Pediatrics LLC
206 W. Oak St., Suite A-1
Kissimmee, FL, 34741
(407) 483-8880
www.torneriapediatrics.com

PAYMENT POLICY

Thank you for choosing Torneria Pediatrics and welcome to our practice. We want you to understand our patient payment and office policies in advance so any misunderstanding may be avoided. It is our intent to explain to you and to inform you of procedures, options, and fees associated with your child's care. If you have any questions, please call and speak to one of our staff members.

Torneria Pediatrics will:

1. File primary insurance claims on your behalf in a timely manner.
2. Seek information to process claims and answer any questions about claims.
3. Issue statements to you once insurance has made payment for services.
4. Accept payment by most major credit cards; no cash will be accepted
5. Arrange payment plans when necessary through the billing department.
6. Help resolve billing problems diligently for 60 days.
7. Evening, weekend, and holiday appointments are billed at a higher rate.

Your responsibilities will be to:

1. Complete our patient registration form and supply any insurance information that is necessary to process your claims. You are responsible for notifying us when you are close to your maximum benefits on immunizations so that we can put you on the Vaccines for Children Program (VFC) before your visit.
2. Notify us of any changes in your insurance status or insurance company and any changes in your patient demographics (address, phone number, etc.)
3. Pay your copayment at the time of service.
4. Pay any outstanding balance which is unpaid, denied, or delayed by your insurance carrier beyond 60 days after the date of service.
5. Call your insurance carrier, at our request, to expedite payment for delayed claims.
6. Call your insurance carrier when a submitted claim was denied. Denied and disputed claims do not suspend your requirement to pay for services rendered.



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PAYMENT POLICY (cont.)

7. Be responsible for deductibles or uncovered expenses. This may include charges for screening forms that are required by law or recommended by the American Academy of Pediatrics. Patients seen for a well-visit or camp/sports physical may incur additional charges for any significant service, such as counseling for immunizations, risk factor reduction intervention, or any illness, condition, or procedure. Any other service your insurance considers routine may not be covered.
8. Forward any payment which is received by you from the insurance company that is owed to Torneria Pediatrics LLC.
9. Authorize Torneria Pediatrics LLC to provide your insurance carrier with any clinical or financial information that they may require.
10. Pay in full for office visit and any procedures at the time of service if no current insurance is on file.
11. Inform us of any appointments you need to reschedule or cancel. You will be charged an additional fee of \$25.00 for a no-show appointment.

PRINT NAME OF PARENT

SIGNATURE OF PARENT

DATE