



## **FINANCIAL POLICY**

Thank you for choosing us as the primary care office for your children. Our mission is to provide quality care for your children. The following information is regarding our **FINANCIAL POLICY**; before your first visit, we ask that you read the policy and sign at the bottom to confirm consent. Feel free to ask us if you have any questions.

Our office:

1. Will ask for the 1ry insurance card/information as well as any 2ry insurance.
2. Will give you a payment receipt in case you have made any payments (copay, etc.).
3. Does not accept checks or money orders; however, accepts all major credit cards.
4. Will establish payment plans if needed.
5. Will help resolve any payment problems/questions w/in 60 days.
6. Will charge your insurance any extra cost for appointments done after-hours or holidays if needed.

Your responsibilities are the following:

1. Complete our registration form and provide the correct insurance information before the patient is seen in our clinic.
2. Notify us in case of any change regarding insurance information, address and phone number
3. Pay any copay (if required) at the appointment date.
4. Pay any balance that is denied by your insurance w/in 60 days.
5. Call your insurance when a payment has been denied. Denied payments by your insurance does not eliminate your responsibility for payment to our office for the service provided.
6. Be responsible for deductibles, copayments or payments not covered by your insurance.
7. Authorize Torneria Pediatrics LLC to provide any information required by your insurance company
8. Pay the medical appointment and any extra cost for procedures in-full at the time of the visit. .
9. Inform us in case you need to reschedule or cancel an appt with in 24 hrs prior to appointment time. There will be a \$25.00 fine for no show appointments.



### **FINANCIAL POLICY (cont.)**

- If the insurance is through Medicaid, such as Staywell, Humana, etc., it is your responsibility to call the insurance and assigned us as the primary care provider prior to each appointment. If your dont do so, we Will ask you to change the PCP before the patient is seen and may run the risk of having the appointment cancelled.
- If you have 2 medical insurance, the primary insurance will always be the comercial/private insurance and the one through Medicaid will be the secondary. It is your responsibility to know if we accept your primary insurance prior to the appointment, otherwise you will have to pay the balance in case payment is denied by the insurance.

Name of father, mother or legal guardian \_\_\_\_\_

Signature of father, mother or legal guardian \_\_\_\_\_

Date \_\_\_\_\_