

Payment Policy

Our Thanks

The physicians and staff of Pediatric Health Associates thank you for choosing our practice for the care of your children. Your clear understanding of our payment policy is important to our professional relationship.

Please note: It is not our policy to provide the patient a copy of the day's charges/bill on the day of service. However, we will give a receipt for any payment made that day. If a copy of the charges for that days visit is necessary, please ask our biller to print one. For your convenience, we accept cash, check, Visa and Master Card.

Insurance Information

Necessary information to bill a claim to the insurance carrier includes name, address and phone number of the insurance company. We will also need the subscribers name, birth date, employer, group number and identification number. All insured patients must present a valid insurance card, which contains the above-mentioned information.

HMO and PPO Coverage

We do our best to contract all of our physicians with as many HMO and PPO insurance carriers as possible in an effort to accommodate all of our patients. However, there may be some that we are **not** contracted with at this time. It is the **responsibility of the patient to confirm** with their HMO or PPO the physician or group's participation in their insurance plan. Some insurance carriers have specified labs where work is to be done. It is the **responsibility of the patient to confirm this and inform our office, in writing, of any specifications ruled by your carrier.** Please be advised that well child coverage **is the responsibility of the patient to confirm with their insurance.** Our office will bill these insurance carriers directly. You are responsible for co-payment at the time of service. You will be billed for any deductibles or co-insurance balances.

(Over)

IF YOUR INSURANCE CARRIER DOES NOT PAY WITHIN 60 DAYS, YOU WILL BE RESPONSIBLE FOR THE INCURRED CHARGES. Prompt payment is expected. Pediatric Health Associates does not bill secondary insurance. We will provide you with a copy of the day's services so that you can submit on your own to secondary insurance.

Medicaid Coverage

Pediatric Health Associates does accept Medicaid. **IT IS THE PARENT'S RESPONSIBILITY TO CONTACT ILLINOIS HEALTH CONNECT AT: 877-912-1999 TO MAKE CERTAIN THAT THE CHILD IS REGISTERED TO ONE OF OUR DOCTORS AS THAT CHILD'S PRIMARY CARE PHYSICIAN.** In the event that this is NOT DONE prior to your appointment, we reserve the right to **CANCEL ALL APPOINTMENTS** until this matter is handled. Any co-payments are to be paid at the time of service.

Self Pay

Patients who do not have health care coverage or who have insurance coverage that Pediatric Health Associates does not have a contract with; are advised that **PAYMENT IS DUE IN FULL** when seen. We will furnish you with an insurance form to submit on your own. It is your responsibility to have your carrier reimburse you directly.

Usual and Customary

Occasionally a non-contracted insurance company will make the decision that our standard fees exceed their interpretation of "usual and customary". We have taken great efforts to base our fees in accordance with our physicians' expertise, as well as the quality care provided at our facility or in the hospital. If your insurance company should arbitrarily decide that our fees exceed "usual and customary", it will be **YOUR RESPONSIBILITY to pay any unpaid portion.**

I have read and understand the above information and agree to its content:

Signature

Date