



Oak Park Pediatrics Ltd. – Financial Policy

Thank you for choosing Oak Park Pediatrics Ltd. as your health care provider. We are committed to providing your child with the highest level of health care and providing you with the highest level of service possible. Please understand that payment of your bill is considered a part of your child's treatment plan. Your clear understanding of our financial policy is important to our professional relationship.

- We must have a **current copy** of your insurance card on file so that we may file your claims for you in a timely manner.
- Co-payments are due in full at the time of your child's visit.
- **Your insurance company may not cover all charges such as lab tests in the office, flu shots, well child care, and other medically indicated services.** It is your responsibility to contact your insurance company to determine which charges may or may not be covered. Any non-covered services will be your responsibility.
- Uninsured or non-contracted patients are responsible for payment in full at the time of service.
- Returned checks for non-sufficient funds will be billed an additional administrative fee of \$25.00
- All outstanding balances must be paid in full prior to well child care visits.
- A \$15.00 Late Fee will be applied to all balances that have not been paid within 60 days.
- All balances which have not been paid within 90 days of first being invoiced will be deemed delinquent and referred for collections. All fees charged to Oak Park Pediatrics Ltd. relating to collection efforts associated with your account shall be your responsibility.
- **AFTER HOUR PHONE CALLS:** Oak Park Pediatrics charges \$25.00 for after hour calls. This charge is **not covered** by your insurance and will be billed directly to you. You are utilizing the physician's expertise outside of regular business and there are extra costs associated with handling patient calls when the office is closed.
- **APPOINTMENT CANCELLATIONS/NO SHOW POLICY:** In order to efficiently care for all of our patients, we request that you cancel your child's appointment no later than **24 hours** prior to the appointment time. Oak Park Pediatrics Ltd. charges a fee of \$75.00 for no shows or appointments that are cancelled within 24 hours of the appointment time.



- **WELL VISIT POLICY:** Well child care includes discussion about preventative care, tracking growth and development, and providing anticipatory guidance. **Chronic or acute care issues that are discussed at the time of well child visits are subject to additional charges** which may generate a co-pay or may be applied to your deductible. Our office is required by law to follow specific national guidelines set forth regarding billing for patient visits. Our goal is to provide convenience to our patients. We schedule longer check up times to be able to address concerns and save your family from having to come back for a follow up office visit. In some instances, your physician may ask you to schedule a follow up appointment if all concerns cannot be addressed within the time constraint of the check up. We encourage all families to know as much as possible about their insurance plans so they are not surprised by charges that may arise regarding the care of their child.
- **Practice Policy for Divorced or Separated Parents:** We respectfully ask that parents NOT place our office in the middle of family disagreements. We rely on parents to help keep our practice atmosphere calm, supportive and professional.
 - Illinois state law mandates that both parents have a right to access a child's medical record and make medical decisions. If one parent's role is legally restricted by Court Order, we ask that you provide this document, as well as a letter from your attorney stating our office's specific legal obligations.
 - All co-pays, deductibles and balances are due at the time of service. Any parent bringing the child in is responsible for this amount even if the other parent is responsible for medical insurance or expenses. **Please do not ask our office to collect payments from a parent who is not present at, and may be unaware of, the visit.**
 - It is the responsibility of the parents to communicate with each other about pertinent information relevant to a child's health outside of the office visit. **Please do not ask us to routinely call/update the non-attending parent following visits.**
- We reserve the right to charge for medical record copying services. The per patient chart fee is \$10.00 and an additional \$5.00 shipping fee will be added for records mailed. Payment must be made in advance of the appointment time.
- I agree to accept financial responsibility for medical expenses incurred at Oak Park Pediatrics Ltd. and to abide by the above stated policies. I authorize the release of any medical information necessary to process any claims, either to myself or to any parties who request this information.

Signature of Parent/Legal Guardian

Date