

MEADVILLE PEDIATRICS, PC

My signature below authorizes (a) the release of medical or other information necessary to process insurance claims and (b) payment of medical benefits directly to this practice for services rendered.

I also acknowledge that I have read and will abide by the Financial Policy of Meadville Pediatrics, PC (copy available upon request)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEADVILLE PEDIATRICS, PC  
BILLING POLICY**

**YOU ARE RESPONSIBLE FOR:**

- Presenting your insurance card(s) to the receptionist at **EVERY** visit.
- Paying your co-pay at the time of service
- Knowing that you are ultimately responsible for all charges
- Knowing what services are covered by your plan
- Knowing where you can go for laboratory services that are ordered by your physician
- Knowing that Meadville Pediatrics, PC cannot honor a request from a patient to alter or change information on an insurance claim in order for the claim to be processed or paid.
- Cancelling appointments must be done 24 hours in advance. "No-shows" can result in dismissal from the practice.
- Knowing what services are not covered by your plan. Typically school, camp, and driver's physicals are NOT covered

**PAYING YOUR BILL:**

- If you do not have insurance, you must pay at the time of service.
- Meadville Pediatrics bills your insurance company as a courtesy. If you do not receive an Explanation of Benefits from your insurance company within 45 days, please contact your insurance carrier.
- The following payments are due on the date of service: Co-payments, Deductibles, Charges for non-covered services and outstanding Debt.
- Meadville Pediatrics, PC accepts the following: Cash, Check, MasterCard, Visa, Discover and Health Savings Account Credit Cards.

**FAILURE TO PAY YOUR BILL MAY RESULT IN:**

- \$10.00 service charge for failure to pay your copay at the time of service.
- \$20.00 service charge on returned checks
- Your account being turned over to our collection agency.
- A bad credit rating

**\$10.00 SERVICE CHARGE WILL BE ADDED TO THE ACCOUNT AFTER TWO(2) BILLINGS WITH NO PAYMENTS**

Meadville Pediatrics, PC agrees to work with each patient to resolve outstanding balances. We offer payment plans to those who qualify. Please contact our office manager to make such arrangements, if necessary.

A copy of this billing policy is available upon request.

- I have read and fully understand the billing policy and agree to abide by its guidelines.
- I hereby authorize direct payment of surgical/medical benefits to Meadville Pediatrics, PC for services rendered by Meadville Pediatrics physicians. I understand that I am financially responsible for any balances not covered by my insurance. I also authorize Meadville Pediatrics, PC to release any medical or incidental information that may be necessary from either medical care in processing applications for financial benefits.

Signature \_\_\_\_\_ Date \_\_\_\_\_