

Blanchard Valley Pediatrics, Inc.
1818 Chapel Drive Suite D
Findlay, OH 45840
Phone: 419-424-1922 Fax: 419-424-1927

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FINANCIAL POLICY OF BLANCHARD VALLEY PEDIATRICS, INC.

Fees charged in this office are comparable to those charged by other Pediatricians in our area. Please know that we will assist you in any way possible, but you are responsible for knowing what type of insurance coverage you have. This not only includes co-pays and deductibles, but also what procedures, labs and x-rays are covered at which facility. Patients must provide the office with a **current and correct** insurance name, policy number and address by presenting a valid card at each visit. Any attempt to use a false or expired insurance card constitutes insurance fraud. It is your responsibility to notify us promptly of any changes in insurance coverage.

Patients are expected to pay for their office visit charges and/or co-pays at time of service. We accept cash, check or credit/debit cards (MasterCard, Visa or Discover). If you have insurance coverage, we will file your claim for any visits or diagnostic tests that your child might have received during their visit. While the filing of the insurance claim is a **courtesy** we extend to our families, all the charges are the responsibility of the person whose name the account is under from the date of services rendered. If you have insurance with a company we do not have a contract with, payment is expected at time of service. **If you do not have insurance coverage, payment is expected at time of service, if unable to do so please make payment arrangements with the Billing Manager before leaving the office.**

If an account has a credit balance of \$20 or more, a reimbursement check will be issued as soon as possible after any pending insurance.

Our requirements for maintaining a patient's account in good standing are as follows:

1. All charges are due and payable within 30 days of the first billing. We understand some insurance companies take longer than 30 days to process their claims and if secondary insurance is involved, the process may be delayed.
2. Under certain circumstances, a payment may be required in advance.
3. Other circumstances may warrant an extended payment plan. Our Billing Manager will assist

you

in these special instances.

Insurance: Your health insurance policy is a contract between you, your employer and the insurance company. We are not a party to that contract. The person whose name appears on the account is ultimately responsible for payment of the healthcare service rendered with a reasonable amount of time - regardless of the status of the claim. In circumstances where a claim is pending or when treatment is extended for a period of time, it is recommended that a payment plan be initiated. There may be healthcare recommended that is not covered under your insurance policy, the policy holder will be financially responsible for healthcare provided that is not covered by the insurance plan.

Reduction or Rejection of your claim: Your insurance policy is a contract between you and your insurance company. It is important that you understand its provisions. *We cannot guarantee payment of your claim. If your insurance company pays only a portion of the bill or rejects the claim, any contact with your insurance company or explanation should be made by you - their policy holder.* Reductions or rejections of your claim by your insurance company DO NOT relieve the financial obligations you have incurred. We do accept the Medicaid assignment. The person whose name appears on the account is responsible to pay all deductibles, co-pays and non-covered services.

Self Pay: If you do not have insurance coverage, payment in full is expected at time of service.

Billing: An itemized statement conveying all healthcare services rendered will be mailed to you on a monthly basis. Payments are due in full within 30 days. *Please note: any personal balance over 120 days old will be subject to a \$5.00 per month surcharge.*

Problems: If financial problems do arise, we encourage you to contact our office promptly for assistance in managing your account. Our billing and insurance department can be reached at 419-424-0688. If you have any questions or uncertainties, please do not hesitate to ask us, we are here to help.

My signature will allow the release of any medical information necessary to process insurance claims and further authorize payment of medical benefits directly to Blanchard Valley Pediatrics, Inc. (I permit a copy of this authorization to be used in place of the original.)

I have received a copy of the financial policy from Blanchard Valley Pediatrics. I have also read and understood its contents.

PRINT NAME: _____ DATE: _____

SIGNATURE: _____

Please list children:

