

OFFICE FINANCIAL POLICY

We would like to thank you for choosing Heart to Heart Pediatrics as your child's doctor(s). As one of our patients, we would like to keep you informed of our current office and financial policies. We require a signature to document that you have read and understand these policies.

PAYMENT

Payment is expected at the time of service. This is an insurance company rule. This includes copayments or co-insurance for participating insurance companies. Heart to Heart Pediatrics, accepts cash, personal checks, VISA and MasterCard. There is a service charge of \$25 for returned checks.

Patient with an outstanding balance more than 90 days overdue must make arrangements for payment. Parents are ultimately responsible for any charges or portion thereof for which payment is denied by insurance for whatever reason, except where prohibited by law or prior contractual agreement.

INSURANCE

It is the patient's/parent's responsibility to provide us with current insurance information and to present an active insurance card at each visit.

If your plan requires, you must name Jana Wells, M.D. as your primary care physician prior to your first appointment. If a Heart to Heart Pediatrics physician is not named on your insurance as your primary care physician, your appointment will need to be rescheduled.

CANCELED APPOINTMENTS

If you are unable to keep your scheduled appointment, please call our office 24 hours before your appointment to reschedule. This will allow time to provide that time slot to another patient.

PAST DUE ACCOUNTS

If we have to turn your account over to collections, you will be responsible for all costs and expenses of collection including, but not limited to our reasonable attorney's fees.

MORE INFORMATION

Please call if you have a question about your bill. Most problems can be settled quickly and easily, and your call will prevent any misunderstandings. If you are having trouble paying your bill, please discuss the situation with us. Satisfactory arrangements can almost always be made. Financial considerations should never prevent children from receiving the care they need at the time they need it.

Patient's Name:	Date of Birth:
Parent/Guardian Name:	Date: