



Financial & General Policy Agreement

The health and wellness of our patients is of utmost importance to our office. Our goal as your child's physician in the Patient Centered Medical Home relationship is to provide the best possible medical care. It is therefore necessary for you to know what benefits your insurance plan covers. Please note that each visit is documented in the patient's medical records and a diagnosis is made by the physician. Diagnosis and coding are based on medical information, not based on coverage by insurance companies. Changes in legislation require that any care provided outside of a standard well check up will need to be documented and billed separately and will involve a copay.

Insurance Cards & Payment Information

- It is your responsibility to provide us with your child's current insurance information at each visit.
- If your insurance requires you to see a designated Primary Care Physician (PCP), please ensure that we are listed as the PCP prior to your appointment.
- We will submit claims to your insurance as a courtesy. However, any charges not covered by your insurance plan will be your responsibility.
- For patients with high deductible plans, payment is required within 30 days of the visit.
- If our physicians do not participate with your insurance plan or you do not have health insurance, payment in full is due at the time of service.
- We accept cash, check or credit card (MasterCard, Visa, American Express, Discover)
- You are responsible for all co-payments, deductible, and co-insurance.

Copays are due at the time of services. It is your responsibility to know your copay amount. If the copay is not paid at the time of service, a \$10 statement fee will be applied to the account.

Patient Statements

- **We highly encourage you to opt in for eStatements.**
- Outstanding balances are due within 30 days. If you are unable to pay the balance in full, please contact our billing department to discuss payment options.
- Accounts past 90 days will be sent to collections and further elective medical care will be denied.
- A \$30 fee will be charged for any checks returned in addition to any bank fees incurred.

I authorize payment of medical benefits by the insured directly to Western Michigan Pediatrics, PC. I also request payment of government benefits directly to the party who accepts assignment. I understand that I am financially responsible for payment of all services or material provided to my family member and for any yearly deductible, co-payment, or co-insurance amounts. I agree to pay all services within 30 days unless a payment is negotiated in advance. I authorize Western Michigan Pediatrics, PC to release any information required to process my claim. This request shall remain in effect until revoked by myself in writing.

Patient Name(s) Please list all child(ren)

Name of parent/guardian/patient: _____

Signature of parent/guardian/patient: _____ Date: _____

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Cancellations and missed appointments

We understand that there may be times when you need to reschedule an appointment. We ask that you contact our office 24 hours in advance to avoid a same date cancellation or No-Show fee. A \$50 charge for a missed Well Child Exam or Nutritionist appointment or a \$25 charge for all other appointment types will be applied to your account. All No-Show fees are payable prior to the next appointment. After three No Show's per family in a calendar year, you may be discharged from the practice.

Late arrivals

Patients arriving more than 10 minutes late for an appointment may be asked to reschedule.

Medication Refills

We highly encourage you to request medication refills through our patient portal. Please allow 2 full business days to process your child's medication refill.

Medications prescribed for chronic conditions such as, ADHD, anxiety/depression, along with other controlled substances require a pharm management visits every 6 months.

After Hours Phone calls

Western Michigan Pediatrics, PC offers nursing triage services daily until 5:00pm. After hours phone triage is provided by a nurse answering service. There is a \$25 charge for after hour calls. If you have a life-threatening emergency, please call 911 or take your child to the nearest emergency department.

Medical Records

The following list of medical records is provided complimentary: Immunization list, vitals/growth chart, medication list, allergies, problem list and the last well visit encounter. Additional record request would include an administrative fee for processing.

Video & Audio Recording Policy

For the privacy of our patients and respect for our staff, Western Michigan Pediatrics does not permit videotaping or audio recording in our office or any part of the exam. Please note that any recording in the office without prior consent is against the law. It is illegal to leave your cell phone secretly on and allow someone to listen in the background without permission from the people being recorded. Please respect the law and others.

I have read and agree to the late/no show, medication refills, after-hours, and medical records policies.

Name of parent/guardian/patient: _____

Signature of parent/guardian/patient: _____ Date: _____