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**FINANCIAL POLICY**

The following is important information about office procedures and guidelines including our responsibilities and yours. We hope that having access to fees, payments, and insurance information at the beginning of our relationship will eliminate confusion and misunderstandings in the future. Please do not interpret this to mean that we are only concerned about payments. **We want to focus on your treatment and care.** From experience we have found that discussing financial and insurance policies upfront help patients make more informed decisions about how and when to set up their treatment.

1. **Patients are responsible for knowing what services are covered or not covered by their health insurance policy.** For example, some insurance companies only cover one well-visit per year; it is the patient’s responsibility to know the date of the last well-visit to ensure it will be covered. **Please note that payment for office services is due in full on the day of service.**
2. **If your insurance is pending/inactive and is not a state funded insurance, you will be charged a $20.16 administration fee per vaccine at the time services are rendered. This applies to any patient 2 months or older.**
3. Our physicians participate and are contracted with numerous insurance plans as a convenience to our patients. Please verify with your insurance carrier that our physician is in your plan’s network. As a courtesy to our patients, our office will submit claims for all covered charges to your insurance company. All non-allowed/ non-covered insurance charges are the responsibility of the insured. **Co-payments and co-insurance are due at the time of service.** By not paying your co-payment or co-insurance, you may be in violation of your contract with the insurance carrier.
4. **There is an additional charge to the office visit if your child is seen after normal business hours, on Saturdays, Sundays, or on Holidays.**
5. Several insurance plans require patients to have prior authorization for specialist visits and procedures performed outside our office. Insurance referrals that require prior authorization are the parent’s responsibility. Please notify your doctor whenever you need this service.
6. **Although we realize how difficult a separation/ divorce situation may be, our office must maintain the policy that payment is due at the time services are rendered from whoever brings the child in to be seen.** Billing is done as a courtesy, with a monthly statement being sent to the party that is claiming financial responsibility. We are willing to work with families as situations arise regarding payment of services, however we cannot serve as a negotiator between two parties.

Providing our patients with quality medical care is our main goal. If we can assist you in any way or if you have any questions about our policies or practice, please ask one of our staff and we will do our best to help you.

I have read and understand the office procedures and guidelines that are stated above.

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Patient/Parent/Guardian Signature Date

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Patient/ Parent/Guardian Printed Name Phone Number

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Relationship With Patient

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