



Infants • Children • Adolescents

Associated Pediatricians, LLC

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FINANCIAL PAYMENT POLICY of the office of ASSOCIATED PEDIATRICIANS, LLC

1. REGARDING INSURANCE: The doctor's service is provided directly to you and you are responsible for payment of services rendered. Our office participates with Medicaid, TriCare Standard and many managed care insurance companies. Should your insurance coverage be with one or more of these companies, we will bill your insurance company along the guidelines of our contract. However, co-payments and deductibles that have not been satisfied are the responsibility of the patient and payment is expected at the time services are rendered. If the co-payment is not paid by the close of the business day in which the service was provided there will be a \$10 late charge fee.

2. SPECIAL ARRANGEMENTS: There are times when making payment can be a financial hardship. It may be necessary to set up a payment plan for a patient who cannot comply with our financial policy. If you are in need of special payment arrangements, please advise our Billing Staff or Office Manager as soon as possible.

Informing our patients about our financial policy assists us in providing the best services to our patients. Thank you for taking the time to read this policy statement. Should you have further questions or comments, please contact our Billing Staff or Office Manager.

WE ARE HERE TO HELP YOU!

I hereby understand the financial policy of this office:

Signature

Date