

Gahanna Pediatrics Financial Policy

Gahanna Pediatrics prides itself on a successful physician-parent relationship. Our financial policy allows for good communication and enables us to achieve our goal. Please read this carefully and if you have any questions, please do not hesitate to ask a member of our staff.

1. On arrival, please sign in at the front desk and present your current insurance card at every visit. If the insurance card is incorrect, you will be responsible for payment in the event that it is too late to bill another insurance (insurance companies can have a short filing period).
2. If you have an insurance that requires you give a PCP, make sure our name or phone number is on the card. If your insurance company has not been informed that we are your primary care physician as of this date, you may be financially responsible for the visit.
3. According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances at time of service. Account balances must be paid prior to any scheduled appointments.
4. It is your responsibility to understand your insurance plan. Before making an annual well-check appointment, please verify coverage with your insurance company. Also, be aware that you are responsible for your deductible (and what it entails) until it has been met.
5. If you do not have insurance coverage, payment is to be paid at time of service. Your cost will include a 20% discount, if paid in full. We do not administer vaccines to self-pay patients; these patients are therefore responsible to receive the required vaccines elsewhere.
6. In the case of a divorce, separation, or custody agreement, both parents will be considered equally responsible for payment. All co-pays, deductibles, and coinsurances are due from the parent requesting the medical services at time of service. It will be up to the parent(s) to resolve financial differences. Our primary responsibility is to provide medical care for your child/children and not to handle billing or insurance coverage disputes between divorced or separated parents.
7. Co-payments are due at time of service. A \$5.00 service fee will be charged in addition to your co-payment if the co-payment is not paid at time of service.
8. Patient balances are billed after receipt of your insurance plan's explanation of benefits. Your remittance is due within 10 business days after receiving your bill. All account balances not paid within 30 days will be charged a \$5.00 late fee.
9. If previous arrangements have not been made with our billing office, any outstanding account balance greater than 30 days past due will receive a collection letter. Any balance over \$100 and 90 days past due will be forwarded to our collection agency and you may be discharged from the practice. Any account sent to collections will be charged a 15% processing fee.
10. Gahanna Pediatrics requires a 24-hour notice for canceling an appointment that was scheduled in advance and a 2-hour notice for canceling any same-day appointments. Your account will be charged \$25.00 for each appointment (\$50.00 for a conference

or a med-check) not canceled in the above manner. Appointment reminder calls are provided for appointments scheduled in advance. This is a courtesy only and has no effect on the financial obligation for missed appointments.

11. A \$35.00 fee will be charged for any checks returned for insufficient funds.
12. Weekend, after hours, and holiday office visits have an additional charge which is billed to your insurance. If insurance doesn't cover this charge, you will be responsible for payment.
13. Gahanna Pediatrics will charge a maximum of \$25.00 per child to copy/transfer medical records. If medical records are not on-site, there is an additional \$25.00 charge. There is no charge for a copy of immunization record on-site; otherwise, a \$10.00 charge applies. Medical records will only be available for 10 years beyond last date of service.
14. Gahanna Pediatrics will charge \$10.00 for completing the following types of forms that are not presented at the time of a well-check appointment: school, college, sports, camp, medication, or daycare. FMLA forms charge is \$25.00. Please allow 3-5 business days for completion of all forms. If same-day completion is required, an additional \$5.00 rush fee will be charged.
15. Your account may be charged \$25.00 for letters written by the doctor. Your account may also be charged for calling scripts; in-town \$30.00, out of town \$50.00. These charges are at the discretion of the doctor.
16. Not all services provided by Gahanna Pediatrics are covered by your insurance. Any service determined to not be covered by your insurance plan will be your responsibility.

I have read and understand Gahanna Pediatrics' Financial Policy. I verify the billing information provided as accurate and authorize release of any medical information necessary to process claims. I request payment be sent directly to the physician for the services provided when the physician accepts assignment of my insurance benefits. I agree to comply and accept the responsibility for any payment that becomes due as outlined previously.

Patient Name(s): _____

Responsible Party Name (Print): _____ Relationship: _____
(Parent/Guardian/Adult Patient) *(Child/self/etc.)*

Responsible Party Signature: _____ Date: _____
(Parent/Guardian or Adult Patient)