



## Surfside Pediatrics Office & Financial Policies

*Thank you for choosing Surfside Pediatrics as your healthcare provider. We are committed to building a successful relationship with you and your family. Your clear understanding of our Office & Financial Policies is important for our professional relationship in order to serve you better.*

*Please read this form, ask any questions and **initial and sign in the space provided**. A copy will be provided upon request.*

\_\_\_\_\_ **Copays/Cash Patients:** Copays are due at time of service and will not be billed. If your child does not have insurance, we may offer a cash discount (paid by cash, credit card or check). This amount needs to be paid in full at time of visit to receive the discount.

\_\_\_\_\_ **Cancellation/No-Show Policy:** To ensure that we have enough openings in our schedule to offer our patients we appreciate and require a 24-hour cancellation notice. Failure to do so, or any no-show appointments will result in a \$35 fee. This fee is not covered by your insurance and will be your responsibility to pay.

\_\_\_\_\_ **Form Policy:** We would be happy to complete any form for school entry, sports, medication at school, field trip etc. for a \$10 form fee. Typical turnaround time for completion is 3 days. If you need your form sooner than 3 days, there is an additional \$5 “rush fee”. Forms may only be completed if your child has been seen in our office within the last year (365 days) for a well child physical exam (no exceptions).

\_\_\_\_\_ **Deductibles & Coinsurance:** Any balance left by your insurance is your responsibility.

\_\_\_\_\_ **Payment plan:** If circumstances make full payment on your account impossible, payment arrangements can be made. There is a \$20 fee to initiate a plan. A \$15 late charge will be accessed for each scheduled monthly payment not received on time.

\_\_\_\_\_ **Unpaid account:** Bills unpaid after 90 days will be turned over to a collection agency unless other payment arrangements are made with our office. We are unable to see your child/children in our office until the full collection balance is paid.

\_\_\_\_\_ **Insurance forms:** Many insurance plans send out annual forms requesting information from you. Often these forms are for Coordination of Benefits (COB) to see if the patient has dual insurance coverage. Any pending claims will NOT get paid until they receive this information so please complete any forms as soon as you receive them. Failure to complete the necessary forms or information will result in the claims becoming your financial responsibility.

\_\_\_\_\_ **Visit Policy:** Any patient under the age of 18 years old but be accompanied by a parent or legal guardian for any visit or to receive treatment in our office. If you plan to have a relative or caretaker bring your child to Surfside Pediatrics, we require a signed authorization form to be on file in your child’s chart. Please ask the front desk for an Authorization to Treat form. This will enable that person to make medical decisions on your behalf during the office visit.

\_\_\_\_\_ **Late Arrival Policy:** If you are running late for an appointment, we ask that you call the office to let us know. Please be advised that calling does not guarantee that you will be seen and may result in a longer wait. To keep on task with our schedule and provide quality care to the other scheduled visits, we are unable to see any patient that is more than 15 minutes late.

\_\_\_\_\_ **Walk-in Policy:** We do not offer walk in appointments for our patients. Please call our office to get your child added to a time slot on our schedule with one of our providers.

**I have read and initialed the above policies and agree to them.**

**Patient name** \_\_\_\_\_

**Patient name** \_\_\_\_\_

**Patient name** \_\_\_\_\_

**Patient name** \_\_\_\_\_

**Parent signature** \_\_\_\_\_

**Date:** \_\_\_\_\_