



Our physicians are committed in providing the best medical care to your child/children. Due to the costs associated with quality medical care along with the complexity of insurance programs, billing and collection practices, Pediatric Care of Kentucky, P.S.C. has adopted the following financial policy and need your assistance and understanding of our policy.

- 1) I have been offered a copy of the billing practices of Pediatric Care of Kentucky, P.S.C.
- 2) Payment/deductibles and/or co-payments are due at the time service is provided. A current insurance card must be presented at the time of service. Pediatric Care of Kentucky, P.S.C. accepts payment by cash, check, Visa, MasterCard and Discover. Registrations are updated annually or when personal information changes to keep our files current.
- 3) **Additional Fees:**
  - a. A \$10.00 fee will be added to your account each time the office co-pay is not made at time of visit.
  - b. A fee of \$25.00 will be added to your account for returned checks by the bank, in addition to all bank charges incurred.
  - c. Forms should be requested through Next MD to avoid a clerical fee, there are some exceptions.
  - d. Walk- in appointments and appointments scheduled after hours may incur an additional fee.
  - e. All accounts over (90) days will be subject to a \$5.00 monthly re-bill fee.
  - f. Pediatric Care of Kentucky, P.S.C. charges a fee for missed appointments and/or consultations. Missed appointments may result in being dismissed from the practice.
  - g. There may be a fee charged for extended phone time with the physician.
- 4) If you are covered by a high deductible or indemnity insurance plan Pediatric Care of Kentucky, P.S.C. will file your claim directly with the insurance company. A payment in the amount of \$70.00 is required at the time of service. Once your deductible has been met your co-insurance will be collected at the time of service. If payment or notice of denial from the insurance carrier is not received within forty-five (45) days from date of service, any balance due will become your responsibility and payable immediately.
- 5) It is your responsibility to know the details of your insurance plan as well as the benefit levels, office co-pays, deductibles and referral restrictions. Please contact your health insurance carrier if you have questions about your coverage. For billing questions, you may contact our Billing Office Monday through Friday between 9:00 a.m. and 4:00 p.m. at:
  - Edgewood – (859) 341-7500 select option #5
  - Covington – (859) 392-2092
  - Burlington – (859) 586-9030
- 6) Pediatric Care of Kentucky, P.S.C. retains a collection agency when accounts become delinquent. All future “well child care appointments” (check-ups) will not be scheduled until all outstanding balances are paid in full. **Pediatric Care may issue a withdrawal of medical care when accounts continue to be delinquent.**
- 7) Acceptance of this financial policy will remain in effect until revoked in writing, or until the responsible party for the child or children’s care signs a new policy. The individual named below accepts responsibility for any and all charges incurred with respect to the care provided to the named child or children below, regardless of any financial obligations to a 3<sup>rd</sup> party, with the exception of insurance services paid within 45 days.

I accept financial responsibility for the child listed below:

\_\_\_\_\_

I have read this document (or it has been explained fully to me) and I hereby certify and agree to its terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name