

**GROW PEDIATRICS AND ADOLESCENT MEDICINE, PLLC**  
**PATIENT FINANCIAL POLICY**

In compliance with the Federal Consumer Protection Act, GROW PEDIATRICS AND ADOLESCENT MEDICINE, PLLC wishes to notify you of our policies regarding the financial responsibilities associated with services rendered to your child.

**Insurance**

Co-payments are due and payable at the time of service. As a courtesy, we will bill your insurance company provided we have the correct billing information at the time of service. If a claim is denied because you have not provided correct and active insurance details, the charges will transfer to your responsibility. You are financially responsible for charges deemed by the insurance company to be billable to the patient. You must be familiar with your particular coverage and any requirements for pre-authorization, deductibles, and limitations on well child visits, lab services, immunizations, and other procedures.

**Cash Account**

If proof of insurance is not provided, your account will be considered a cash account and payment in full of all charges will be required at the time of service. If you subsequently provide verifiable insurance information, and the time frame for billing the insurance has not expired (generally 45 days), we will bill the charges to your insurance company for you. If we then receive insurance payment, we will promptly issue a refund to you of any credit on your account.

**Billing**

The billing statement you receive will show patient balances due, in addition to insurance company payments, adjustments, and pending amounts. Patient balances are due from you upon receipt of the statement.

**Appointments**

Please remember that your appointment time is reserved just for you. Our schedules are full each day and we must leave enough room in our schedule to bring in sick children on the same day. If your appointment is missed or cancelled with less than 24 hour notice, consider that another child could have been seen at that time. We reserve the right to charge a \$25 cancellation or 'no show' fee. In order to see each patient on time, your appointment may need to be rescheduled if you arrive more than 10 minutes late.

**After Hours Phone Calls**

We are happy to have our own pediatricians available to take after hours calls. Our office hours are Monday-Friday 8:00am-5:00pm. Calls outside these hours will reach a recorded message, which offers the option to leave a message for our pediatrician on call. Our pediatrician on call will return your call promptly. There is a \$25 charge for this service.

**Returned Checks**

There is a \$25 returned check fee in the event a personal check is returned to us for any reason.

**ASSIGNMENT OF BENEFITS/MEDICAL RELEASE AUTHORIZATION**

I authorize the release of any medical or other information necessary to process my child's insurance claim. This includes the release of medical information to other doctors or insurance companies for referrals or continuing medical care. I authorize payment of medical benefits to GROW PEDIATRICS AND ADOLESCENT MEDICINE, PLLC for services rendered and agree to abide to the financial policies of GROW PEDIATRICS AND ADOLESCENT MEDICINE, PLLC.

---

Parent/Guardian Signature

---

Date