

**Pediatric Partners S.C.  
Financial Policies**

Thank you for choosing Pediatric Partners as your health care provider for your child/children. We are committed to providing you and your child/children with the highest caliber of care. As part of your relationship with Pediatric Partners a clear understanding of our financial policies is important so you will know what actions Pediatric Partners will be undertaking on your behalf as well as what your financial responsibilities are.

Your health insurance policy is a contract between you and your insurance company. You have certain responsibilities to ensure that proper, accurate and timely submission of charges occurs. You are required to:

- 1) Present your insurance card at the time of service.
- 2) Inform us as soon as possible if your insurance carrier changes and provide us with a copy (front and back) of your new insurance card.
- 3) Pay your co-payment at the time of services.
- 4) Submit payment and assume responsibility for any and all charges your health insurance company does not pay for. This includes your co-payment, policy deductible, any and all non-covered services and the outstanding balance after your insurance company has submitted payment to Pediatric Partners.
- 5) Pay your account balance in full within 30 days of receiving Pediatric Partners statement of outstanding charges. If your payments are not received and your account is not kept current, your account will be sent to Pediatric Partners Third Party collection agency. Please note, that you will be responsible for all collection fees.

Provided below is a more detailed description of your financial responsibilities. If you have any questions regarding your responsibilities and/or our policies, please contact our Practice Manager.

**After Hours Telephone Calls**

We bill your insurance for non-urgent calls to the on-call physician when the office is closed. Each insurance company has their own policy related to reimbursement for these services, and it is your responsibility to understand your company's policy, and any fees you may be directly responsible for. ***This fee will not apply to calls related to follow up questions from office visits earlier that day, to calls that lead to an emergency room visit, or to calls that lead to an office visit to Pediatric Partners the following day.*** Daytime phone calls will continue to be free of charge, and parents are encouraged to look to our web site [Pediatricpartnerssc.com](http://Pediatricpartnerssc.com) for answers to their questions when the office is closed.

**Telephone Consultation Service**

For busy families who may find it difficult to bring their children into the office, this service will be offered for families who have questions that require significant physician time, such as behavioral and developmental issues, follow up for chronic illnesses, or special services such as those related to travel health. Fees for a telephone consultation will be billed to your insurance company according to established guidelines. As with the after hours calls, each insurance company has their own policy related to reimbursement for these services, and it is your responsibility to understand your company's policy, and any fees you may be directly responsible for. Of course, if you prefer, you may continue to bring your children into our office for this care.

**Responsibility For Payment**

Even though you have health insurance, you as guarantor are responsible for payment of all services provided by Pediatric Partners. Pediatric Partners will bill your insurance company, for all services rendered, with the information you have provided us. If your insurance information has changed, please notify us immediately so we may bill the correct insurance carrier.

**Co-Payment**

Your health insurance policy may state that you must pay a co-payment for physician visits. This payment is due the day services are rendered to your child/children.

If, for an unforeseeable reason, you do not have the co-payment amount with you at the time of service, please be aware that Pediatric Partners will be telephoning you later in the day to obtain credit card information so this payment may be processed. Pediatric Partners accepts MasterCard and Visa. Pediatric Partners as part of its contractual obligations with the health insurance carriers is contractually obligated to collect all co-payments on the date services were provided.

**Remaining Balance After Your Insurance Company has Paid**

Pediatric Partners will submit a claim to your primary health insurance company for services it provided. Pediatric Partners does not submit claims to any secondary health insurance companies. You will be responsible for submitting claims to that carrier.

Once your insurance company has processed your claim, Pediatric Partners will post any payment it receives to your account. If there is a remaining balance, the balance is now your responsibility. This balance may include your deductible, coinsurance and any and all non-covered charges. Payment for this balance is due within 30 days of you receiving our statement of outstanding charges.

**Credit Card Authorization Forms**

Pediatric Partners accepts MasterCard and Visa. You have the option of completing a Credit Card Authorization form. By providing Pediatric Partners with specific credit card information, we will not have to telephone you when a co-payment was not received at the time of service.

Credit Card information on file can also be used to pay your remaining balance after your insurance company has processed your claim. If after 30 days, Pediatric Partners has not received payment and you have completed a credit card authorization form, we will telephone and inform you that we will be using the credit card information on file to satisfy your outstanding account balance.

**Checks Returned for Insufficient Funds**

If a check is returned to Pediatric Partners for "Non-Sufficient Funds", a \$35.00 Fee will be assessed and collected.

**Failure to Pay Outstanding Balance**

If an account is not paid in full within the stated period of time of receiving Pediatric Partners Remaining Balance Invoice, Pediatric Partners will start the process of turning your account over to a third party collection agency for payment. You will be responsible for all associated collection fees imposed on Pediatric Partners by the third party collection agency.

**Additional Fees**

Request for Medical Records – \*

**Replacement of Standard Illinois Health** (valid for most school and camp medical information requests) - \$10 \*

**Medical release of information forms where the Standard Illinois Health Form cannot be used--**  
\$10 \*

**Medical necessity Letters** -- \$10 per letter

**Sunday / Holiday Office Visit** --\$100

**No-Show Visit** (Visits that were scheduled in advanced and you did not cancel within 24 hours) --\$25

**Walk-in Fee** -- \$50

\* Please call for information from the medical records department