

Kids Care Pediatric Associates, P.C.

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ABOUT FINANCIAL ARRANGEMENTS AND MEDICAL INSURANCE

We are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

Payments for services are due **at the time services are rendered** unless payment arrangements have been approved in advance. We accept cash, checks and credit cards (Visa, MasterCard and American Express).

Returned checks and balances **older than 45 days** may be subject to additional collection fees and interest charges of 1.5% per month. Charges may also be made for broken or missed appointments, and those cancelled without 24 hours notice. All insurance co-payments must be paid for at the time of the visit, or additional charges will be added to your account. If the account is in default and turned over for collection **and if for any reason there are either court costs, attorney's fees or collection fees incurred to collect any balance due Kids Care Pediatric Associates, P.C., I am personally responsible for them.**

We will gladly discuss your proposed treatment and answer any questions related to your insurance. You must realize that:

YOU MUST BE AWARE OF YOUR INSURANCE CONTRACT.

YOU MUST BE AWARE THAT NOT ALL SERVICES ARE COVERED.

YOU MUST BE AWARE OF WHICH LABORATORY YOUR INSURANCE REQUIRES US TO UTILIZE.

Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract . All services rendered to your child(ren) are charged directly to you, and you are personally responsible for payment. You agree that if you suspend or terminate care and treatment by this office, that any fees for services rendered will be immediately due and payable.

NOT ALL SERVICES ARE A COVERED BENEFIT IN ALL CONTRACTS.

We must emphasize that as medical care providers, our relationship is with you and your *CHILDREN*, not with your insurance company. All charges are **your responsibility** from the date the services are rendered; therefore, if your insurance company denies any covered or not covered services, you are responsible. We realize that temporary financial problems may affect timely payment on your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

Referrals: If your insurance company requires authorizations for specialist or other care, all requests for referral authorizations must be made at least 48 hours in advance. There are no exceptions!

If you have questions about the above information, or any uncertainty regarding insurance coverage, please do not hesitate to ask us. We are here to help. We also do not want financial problems to cause problems with us. After all, we want to deliver the best medical care to your children without friction.

I understand and agree that (regardless of my insurance status); I am ultimately responsible for any professional services rendered. I HAVE READ AND UNDERSTOOD ALL THE ABOVE INFORMATION. **If for any reason there are either court costs, attorney's fees or collection fees incurred to collect any balance due Kids Care Pediatric Associates, P.C., I am personally responsible for them.**

(Parent if Minor)

Date