

# Providence Pediatric Practice, LLC Financial Policy Amendment

The following Financial Policy Amendment is effective January 1, 2022. It is in addition to our extended Financial Policy which is available on our website: <https://prov.peds.com>. Please visit our website to see the complete Financial Policy. \_\_\_\_\_ (initial)

1. **Patient Balance is billed monthly** Your remittance is due within 30 days. Any account balance outstanding beyond 30 days will be paid with Credit Card On File (see policy).  
\_\_\_\_\_ (initial)
2. **SELF-pay** accounts are expected to be paid in full at the time of service. We offer a 25% discount for all self-pay services paid in full on the day services are rendered. If payment cannot be made that day, a budget agreement can be made to have paid within 90 days with the first payment due at the TOS. A CCOF will be required. \_\_\_\_\_ (initial)
3. **Co-Pays** are required by insurance to be collected at the time of service. Failure to collect co-payments puts the responsible party and the practice in default of the insurance contract. \_\_\_\_\_ (initial)
4. **High Deductible Plan** patients will need to participate in the CCOF program.  
\_\_\_\_\_ (initial) (For 2021 and 2022, the IRS defines an HDHP as one with a deductible of at least \$1,400 for individuals and \$2,800 for families).
5. **Missed Appointment Fees** Broken appointments represent a cost to us, you and to other patients who could have been seen in the time set aside for you. Cancellations are required 24 hours prior to the Well Child Checkup appointment and 4 hours prior for sick appointments. Those appointments not canceled in the above time frame will result in a \$40.00 "No Show" fee. This payment must be made before a new appointment is scheduled. \_\_\_\_\_ (initial)
6. **Returned Checks** A 50.00 fee will be charged for any checks returned for insufficient funds.  
\_\_\_\_\_ (initial)
7. **Medicaid** if your child has medicaid and is also covered under a private health insurance plan, we are **required by law** to file claims with the private insurance policy first. Medicaid is **always** considered secondary. If Medicaid is not informed that your child has private insurance, they have the right to retract payment from a previously paid claim. If this occurs, the entire balance will then be the responsibility of the parent/guardian on file.  
\_\_\_\_\_ (initial)
8. **Newborn's** need to be added to your insurance immediately after birth. Any insurance not verifiable after 60 days will become a personal balance.  
\_\_\_\_\_ (initial)

**CCOF (Credit Card On File)** will be coming early 2022. If you carry a back balance you will be required to sign up and have an agreed upon monthly payment debited until your balance is PAID IN FULL \_\_\_\_\_ (initial)

Parent Signature: \_\_\_\_\_

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

Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_