

New Canaan Pediatrics

Financial Policy

1. In accordance with our contract with your insurance company, we are obligated to take the co-payment defined by your insurance plan. Co-payment is due at the time of service. This includes any siblings that are added to the schedule at the time of another visit.
2. A \$20 fee will be charged to your account for NSF checks that are returned by your bank. After two NSF checks have been returned on your account, we will request payment by cash or credit only.
3. If a personal balance is due after insurance has responded for a date of service, a statement will be sent to the responsible party. Payment in full is expected upon receipt of the first statement. **Please do not disregard any statements you receive from our office.** Please call our billing department if you have any questions or feel there are any errors.
4. It is understood that if your account is turned over to a collection agency, you will be responsible for any collection costs that are incurred. Once this step has been taken, we cannot reverse the process. Remember that payment arrangements can be made at any point during this process prior to the account being sent to a collection agency.
5. Our office requests 24 hours notice, excluding weekends/holidays, for cancellations of all appointments. For no-show/missed appointments with no prior cancellation, a charge of \$50.00 for a physical examination and \$25.00 for sick/vaccine appointment will be applied to each missed appointment. As a courtesy to our office and to other patients, we ask for as much notice as possible when canceling any appointment, including sick and follow-up appointments, so that we may be able to accommodate another child.
6. Any visits scheduled after our regular office hours will be billed as such to your insurance company.
7. If you need a school form and take it with you at the time of your child's annual physical, there is no charge for the form. Outside of this scenario, forms will be available on the 3rd business day following form drop off and there is a fee of \$10. If needed sooner, the fee increases to \$20. All forms to be mailed, please include payment and a self-addressed stamped envelope.
8. As a courtesy to our busy families, we are now offering to keep your credit card on file. We are using a third party payment processor called Heartland to securely store your credit card information. Under the Payment Card Industry Data Security Standard (PCI DSS), Heartland is required to comply with very strict standards to safeguard your credit card information. No credit card information will be stored in our office.

This new offering is perfect for families that may have a caretaker, grandparent, or someone other than themselves accompany their child to a visit. Or for 17+ year olds that want to go by themselves. At this time, we will only be using this service for co-pays and outstanding balances that will be charged at the time of the visit. This service is optional, if you are interested in placing a credit card on file you will need to complete a credit card authorization form (download from our website or ask at the front desk).

Patient (s) name (s): _____ DOB: _____

Parent/Guardian Signature: _____ Date: _____

Other authorized person (s) to contact, or speak to regarding billing/insurance issues:

Name: _____ Relationship to Patient: _____

1/2020

