OFFICE FINANCIAL POLICY

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Welcome to Annandale Pediatrics. To help us better serve you, please read the following. Thank you.

- Payment in full is due at the time of service. We accept cash, checks, Visa & MC.

- There is a $40.00 returned check charge per returned check.

- Your appointment time is reserved exclusively for you. In accordance with your insurance policy there is a charge for physical or conference appointments broken without 24 hours notice. The charge for a missed appointment is $25.00.

- Balances 30 days past due are subject to a $10.00 monthly rebilling fee. If this account is turned over to our attorney or collection agency, you agree to pay all collection fees including court costs.

- For our insured patients:

  * As a courtesy, we attempt to verify basic plan information and estimated co-pays. Verification is not a guarantee of payment by the insurance company or a release of the patient's legal obligation for any part of our total bill.

  * Your estimated deductible and co-pay are due in full at time of service. After your insurance has determined and paid its health benefits, any difference between the estimated and actual amount due will be billed to you.

  * Plan benefits are complex and unique for each subscriber. As a subscriber, you are responsible for knowing your unique benefits, coverage, and limitations. As your child's pediatrician it is our responsibility to provide your child the best possible medical care.

  * As a courtesy, we will file your claim to your primary insurance company. You authorize payment to the appropriate doctor.

Your signature indicated that you read, understand and agree to all the above policies. As head of household or responsible party, your signature indicates an acceptance of the aforementioned policies and authorization for all family members who are current or future patients.

Signature_______________________________________ Date__________

Printed Name_______________________________________

Patient Name_______________________________________

Relationship to Patient_______________________________________