Lehigh Valley Peds

FINANCIAL POLICY

OUR PRACTICE FINANCIAL POLICY

Lehigh Valley Pediatrics is dedicated to providing your child(ren) with the best possible care and service, and regard your understanding of our financial policies as an essential element of their care and treatment. To assist you, we have the following financial policy. If you have any questions, please feel free to discuss them with our staff.

Unless other arrangements have been made in advance by either you or your health coverage carrier, full payment is due at the time of service. For your convenience we accept VISA, MasterCard, Discover, personal check or cash. You agree, in order for us to service your account or to collect monies you may owe, Lehigh Valley Pediatrics Associates, Inc. and/or our agents may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers. We may also contact you by sending text messages or emails, using any email address you provide to us. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing device, as applicable.

Please note that if your account becomes delinquent and is placed with our collection agency, you may be assessed a collection fee which may be added to your outstanding balance by the agency.

YOUR INSURANCE

We have made prior arrangements with many insurers and other health plans. We will bill those plans with which we have an agreement and will collect any required copayments at the time of service. The copayment will be collected before services are rendered. In the event your health plan determines a service to be “not covered,” you will be responsible for the complete charge. In that event, we will bill you and payment is due upon receipt of that statement.

If you have insurance coverage with a plan with which we do not have a prior agreement, charges for care and treatment are due at the time of service.

We will also bill health plans for all services we provide in the hospital. Any balance due is your responsibility and is due upon receipt of a statement from our office.

MINOR PATIENTS

For all services rendered to a minor patient, the adult accompanying the patient is responsible for payment unless a court order states otherwise.

I have read and understand the financial policy of this practice. I also understand and agree that such terms may be amended from time to time by the practice.

Signature of patient or responsible party if a minor

Date

Please print name of patient