



SUGARTOWN PEDIATRICS LLC.

4875 West Chester Pike, Newtown Square, PA 19073

FINANCIAL AND OFFICE POLICY

As part of our ongoing commitment to provide the best possible care and service to our patients, we want you to understand our financial policy and the billing process that occurs after your visit.

Not all medical costs are covered by insurance. Sugartown Pediatrics makes every effort to see that you are billed correctly. It is your responsibility to provide complete and accurate information about your health insurance coverage at the time of service. A claim will be submitted on your behalf **one time** for services provided. Once your insurance provider pays its portion of the bill, you may receive an explanation of benefits (EOB). This explanation should describe how your insurance provider processed the bill. You will then receive a billing statement from Sugartown Pediatrics for any portion that is considered to be patient responsibility. This statement will explain the balance due after the insurance processes the claim in accordance with your insurance benefit plan. It will include a summary of charges for the services you received.

IT IS IMPORTANT FOR YOU TO FULLY UNDERSTAND YOUR INSURANCE COVERAGE AND THE CONTRACT THAT YOU OR YOUR EMPLOYER HAS WITH THAT INSURANCE COMPANY. As medical providers, we must emphasize that our relationship is with you, not your insurance provider. As we accept a variety of insurances, it is not possible for us to know all of your plan provisions. We will be happy to assist you with any questions you may have regarding non-covered services.

BILLING & PAYMENTS

Electronic invoices will be issued through Square, Inc. as "New Invoice". It is your responsibility to provide Sugartown Pediatrics with a working email address. You will need to check your email to review invoices in order to make timely payment. **PAYMENT IS DUE ON RECEIPT.**

ALL accounts over 30 days past the invoice date will be subject to a \$25 administrative fee. Additional fees will be assessed up to 90 days. Accounts in default will be forwarded to collections. You will be responsible for all collection and legal fees. Medical services will not be provided until all outstanding balances are paid in full unless other arrangements have been made with the billing department.

OTHER FEES NOT BILLED TO INSURANCE

- \$10.00 If copay is not paid at time of service
- \$25.00/\$50.00 Medical records copy for individual/family
- \$20.00 Form completion for work and DMV permits and sports/camp physicals
- \$40.00 Returned check fee
- \$20.00 Call-in prescription
- \$35.00 Sunday/Holiday office visits (in addition to copay)

Our office does not overbook appointments. The appointment time is reserved for you only; therefore, a \$30.00 fee will be charged for a no-show or a cancellation with less than a 24-hour notice.

I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY SET FORTH BY SUGARTOWN PEDIATRICS, LLC AND I AGREE TO THE TERMS OF THIS FINANCIAL POLICY.

Signature of Patient, Parent and/or Guardian

Date

Email Address

Contact #