



Robert D. Spewak, M.D.      Jerome H. O'Neil, Jr., M.D.      Karen L. Whiteside, M.D.      Sarah E. Aubuchon, M.D.  
Shilpa T. Parthasarathy, M.D.      Andrea N. McCulloch, R.N., C.P.N.P.      Veronica J. Wright, R.N., C.P.N.P.

### **Financial Policy of SOUTHWEST PEDIATRICS, INC.**

Our professional staff is committed to providing you with quality pediatric care and our business office is committed to assisting you with the financial obligations of your medical care.

Our practice firmly believes that a good physician/patient relationship is based upon understanding and good communication. Therefore, we have outlined our financial policy so that patients will better understand the billing process and their responsibility in it.

SOUTHWEST PEDIATRICS, INC. will:

1. File insurance claims on your behalf in a timely manner.
2. Seek information to process claims and answer any questions about claims.
3. Issue statements to you once insurance has made payment for services.
4. Accept payment by cash, check, and most major credit cards.
5. Arrange payment plans when necessary through the office manager
6. Help resolve billing problems diligently for 60 days.

Your responsibilities will be to:

1. Complete our patient information form and supply any insurance information that is necessary to process your claims.
2. Notify us of any changes in your insurance status or insurance company.
3. Pay your co-pay at the time of service. If you cannot pay your co-pay at the time of service a \$10.00 fee will be charged to you. A copy invoice will then be issued with a due date if the copy has not been paid a \$5.00 fee will be charged every month thereafter.
4. Pay any outstanding balance which is unpaid, denied or delayed by your insurance carrier beyond 60 days after the date of service.
5. Call your insurance carrier, at our request, to expedite payment of r delayed claims before our 60 day limit has been reached.
6. Call your insurance carrier when a submitted claim was denied. Denied and disputed claims do not suspend your requirement to pay for services rendered.
7. Be responsible for deductibles or uncovered expenses. This may include charges for screening forms that are required by law or recommended by the American Academy of Pediatrics. Patients seen for a well visit may incur additional charges for any significant services, such as counseling for immunizations, risk factor reduction intervention, or any illness, condition or procedure.
8. Forward any payment which received by you from the insurance company that is owed to SOUTHWEST PEDIATRICS, INC.
9. Pay a \$25.00 fee per check returned to us by the bank for any check returned.
10. Authorize SOUTHWEST PEDIATRICS, INC. to provide your insurance carrier with any clinical or financial information that they may require.
11. Pay in full for office visit at the time of service is no current insurance card is presented.
12. Inform us of any appointments you need to reschedule or cancel.

We will do our best to resolve insurance issues and will enlist your help when necessary before asking that you pay any balance that is 60 days past due. Your insurance is a contract between you and your insurance carrier. Therefore you will be more likely to get the carrier to meet their financial obligation when they delay payment on your claims. Please remember that we file insurance as a courtesy to you. You, not the insurance carrier, are ultimately responsible for any unpaid fees.

I certify I have read, understand and agree to adhere to SOUTHWEST PEDIATRICS, INC. Financial Policy.

\_\_\_\_\_  
Responsible party's signature

\_\_\_\_\_  
Patient's name printed

\_\_\_\_\_  
Date