Palatine Pediatrics

Financial Policy

Thank you for choosing Palatine Pediatrics. To ensure that parents have a clear understanding of our healthcare operations and their financial responsibilities, we ask all parents to read and sign this agreement prior to services.

Insurance Coverage
Insurance contracts are between a patient and their carrier. As a medical provider, we are not a party to this contract. Although we attempt to verify coverage for services we provide, we cannot guarantee what your policy will pay for. It is your responsibility to contact your insurance carrier regarding what services are covered, what your maximum allowed amount is, and what your portion of the bill will be.

Primary and Secondary Insurance
Our office bills primary insurance only. If the child is insured by Medicaid and another insurance carrier, Medicaid is the secondary insurance.

Responsible Parties
As the parent or legal guardian, you are responsible for payment of all medical services provided to your child. Health insurance serves as a form of payment, but does not replace your financial responsibility. If your insurance carrier has not paid their portion within 60 days, the full balance will be your responsibility.

Payment Due
Your portion of your bill, including copays, co-insurance, deductibles and non-covered services are due at the time of service. You may pay your bill with cash, credit card, a health payment card, or by leaving a credit card on file. Personal checks are not accepted. Payment is due by the person or parent who brings the child in, regardless of divorce decree arrangements. Payment plans for sick visits are available for families with financial hardship. Payment plans require a credit card on file until the balance is paid, and must be completed within 90 days.

Collections
Failure to pay your bill will result in the full balance being sent to a collection agency. The parent or legal guardian is responsible for all fees associated with collection efforts, including but not limited to collection agency fees and attorney fees. Services will not be provided to any family members on the account until the balance has been paid. In the event that your personal check is returned due to non-sufficient funds, there will be a $35 non-sufficient fund charge, and from that point on, checks will no longer be accepted.

Sick Charges with a Well Check
Illnesses, injuries or significant problems addressed during a well exam require additional time and medical decision making. These services will incur a separate charge in addition to your child's well exam. You will be responsible for your office visit copay, co-insurance or deductible. ADHD, asthma, ear infection, sore throat, skin conditions, injuries and pain are some, but not all, conditions that may incur an additional charge.

Self-Insured and Health Exchange Policies
We are happy to accept self-insured policies and plans purchased through the health exchange. These plans must be paid through the end of the current month in order for us to accept the insurance as a form of payment. If the plan has not been paid through the current month, payment will be due in cash or credit card at the time of service, and we will not bill the insurance carrier for that appointment.

In compliance with our insurance contracts, all copays are collected at the time of service. Payment for deductibles co-insurance, and non-covered services are due at the time of service unless we have a credit card or health payment card on file.

Please choose how you like to pay for your portion of your child's medical bills and initial next to your choice:

Option 1

_____(initial) **I would like to leave a credit card or health payment card (HSA, HRA or Flex card) on file.**
I authorize Palatine Pediatrics to charge my card on file after my insurance carrier processes my claim and indicates the amount I owe. I understand that leaving my card on file is my consent to these charges and that I will not receive a bill prior to my card being charged. I understand that I will receive a text message to notify me when my credit card has been charged and a receipt will be available for me on the Patient Portal. I understand that leaving my card on file does not revoke my ability to dispute charges with my carrier if I disagree with their determination of benefits.

Option 2

_____(initial) **I would like to pay at the time of service with cash, credit card or health payment card.**
I understand that my portion of my child's bill is due at the time of service. I understand that I will be charged the amount my insurance policy indicates I owe based on my carrier's fee schedule. I understand that my insurance will still be billed for services provided and that I may receive an additional bill later if my carrier indicates I owe more than the amount collected at my visit.

Parental Consent:
I have read, understand, and agree to Palatine Pediatrics' Financial Policy. I understand that all fees, terms, and conditions are subject to change without notice.

Printed Name of Parent/Legal Guardian's:_____ Date: _____

Signature of Parent/Legal Guardian:_____