

Trestlewood Pediatrics

Financial Policy

We are committed to improving the well being of all children and families who trust us for their care. In order to continue providing you with quality and affordable health care we ask that you review our financial policies.

1. **Insurance.** We accept many insurance plans. If you do not have insurance or are insured with a plan that we do not do business with, payment in full is expected at each visit. Also, if you are insured with an accepted plan but do not provide us with an up-to-date card, payment in full is expected until we can verify insurance coverage. If you fail to provide us with this information in a timely matter, you may be responsible for the balance of the claim.
2. **Co-Payments, Deductibles, and Co-Insurance.** It is your responsibility to know and pay any co-payments, deductibles, and co-insurance at the time of service. In the event you do not know your portion, we will collect \$30.00 at the time of service and refund or bill you any payments over or under the \$30.00. We accept cash, personal check, Visa, Master Card, and Discover. Any personal check returned due to insufficient funds will be subject to a \$25.00 fee.
3. **Claims Submission.** As a courtesy to our patients, we file primary and secondary claims (if applicable) to accepted insurance carriers. We will assist you in any way we reasonably can to help get your claim paid. Your insurance company may request more information from you directly. It is your responsibility to comply with their request. Any balance not paid on your claim is your responsibility. Your insurance is a contract between you, the insurance company, and your employer. Therefore it is your responsibility to understand the provisions of your specific contract. Please contact your insurance company if you have questions regarding your coverage.
4. **Coverage Changes.** If you're thinking of changing insurances please call our billing office immediately at 269-381-2347 to ensure that you choose an insurance we accept. If your service is not a covered benefit, or your insurance company does not respond to your claim within 45 days, the balance will automatically be billed to you. If we do not have an agreement with your insurance company then the balance will be your responsibility.
5. **Nonpayment.** In the event of a balance due after your claim has been processed, we will send you a billing statement. Payment in full is expected upon receipt of the statement. Any accounts past due after 30 days will be processed in-office collections. After 60 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated with our billing department. If the balance remains unpaid, we may refer your account to a collection agency and your immediate family members may be discharged from the practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative healthcare. During this 30-day window our physician's will only be able to treat your child on an emergency basis.
6. **Missed Appointments.** Our policy is to charge for missed appointments not cancelled in at least 3 hours prior to your appointment time. This is a charge billed directly to you and is your responsibility. We also reserve the right to dismiss any patient from the practice that has had 3 or more late-cancelled or missed appointments.
7. **Medical Records.** There is a charge for the release of medical records as governed by the Michigan Department of Health and Human Services. We charge based on the states mandated fees.

Trestlewood pediatrics is committed to providing the best treatment to our patients. Thank you for understanding our payment policy. Please let us know if you have any questions.

I have read and understand the financial policy at Trestlewood Pediatrics and agree to abide by its guidelines.

Signature of responsible party

Date

Print name

Relationship to patient