

TOWN AND COUNTRY PEDIATRICS

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Town & Country Pediatrics Financial Agreement and Consent (2018)

We are committed to providing your family with the best possible pediatric care. Your signature at the end of this document will indicate that you have read, understand and agree to the policies outlined below and that you will be financially responsible for all charges not paid by your insurance.

Our Billing Specialists at Peds One are happy to answer any additional questions you may have. They can be contacted at 866-371-6118.

Billing Your Insurance:

- Please present your current health insurance card at each office visit.
- Our office will bill validated **Primary Insurance** as a courtesy. You must pay for any patient responsibility.
- If you have **No Insurance**, then payment in full is required at the time of service.
- Know your insurance and **REMEMBER: Non-covered services such as vaccines can be VERY EXPENSIVE.**

Newborn Enrollment:

It is essential that you contact your insurance plan or the policy holder 's Human Resources department to enroll your newborn on your policy. We recommend doing this within the first few days of your baby being born as it often takes a few weeks for the baby to show up on the plan as a covered member. Delaying enrollment may result in us having to bill you directly.

Payment Procedures and Payment Options:

Full payment is expected at the time of service, regardless of who brings the child to the office. This includes applicable deductibles and co-payments. We accept cash, personal checks and all major credit cards. A receipt will be provided to you for all payment transactions. As an added convenience, payment can be made for balances through our website by visiting us at **tacpediatrics.com**. Contractual obligations with your insurance plan require us to collect your co-payment in full at the time of service. We cannot reduce or waive co-payments, deductibles or other cost-sharing balances that are due following your insurance carrier's adjudication of your claim. There may be additional processing fees if we have to re-bill you the co-pay or for any overdue, outstanding balances. The accompanying parent or other adult is responsible for full payment due at the time of service and for providing the proper insurance identification.

PAYMENT FOR SERVICES:

- Co-pays, co-insurances, and deductibles must be paid at the time of service. **If your co-pay is not made within 24 hours of the time of service, there will be an additional \$20.00 fee, please initial**
- We mail statements on the 5th of each month, or the next business day. Payment in full is due by the 30th.
- If transferring care to another physician's office, we will charge a **\$35.00** fee to transfer or copy your child's records.

RETURNED CHECKS:

The charge for a non-sufficient funds (NSF) check is \$30. You must pay in full for the NSF check and NSF fee within 10 days of notice. If payment is not received by the due date, we will forward the returned check to the District Attorney’s office. It is a felony to knowingly write a bad check. For the next 12 months, cash or equivalent payment at the time of service is required.

COLLECTION ACCOUNTS:

- When an account remains unpaid after 90 days we reserve the option to refer the account to an outside collections agency. **If your account is sent to an outside collection agency, there will be a 40% surcharge added to your balance.** T & C reserves the right to reschedule or deny any future appointments for t delinquent accounts. If your account is sent to a collections agency you may be asked to find another provider.
- We are happy to assist with helping you to understand your bill, claim or any other questions about your financial responsibility. Our billing specialist, Peds One Billing can be reached at 866-371-6118

Late Arrivals, Cancellations, No show:

Please arrive 10 minutes prior to your scheduled appointment to allow for check-in and any paperwork.

- We require a **24-hour notice** to cancel or reschedule an appointment. For appointments scheduled within 24 hours of the appointment time, a 2-hour notice is required.
- **If you arrive 15 minutes late to your appointment, you have missed your appointment; therefore, a late cancellation fee will be charged.**
- Failure to give proper notice for cancellation or reschedule will result in:
 - A \$35.00 charge for missed vaccine appointments or late cancellations, per child
 - A \$85.00 charge for the first missed well visit appointment, per child
 - A \$100.00 charge for the second missed well visit appointment, per child
 - A \$150.00 charge for the third missed well visit appointment, per child.
- **Please initial that you understand the fees above.**

* I acknowledge and understand the office policies and procedures explained above and have received a copy. I hereby authorize my insurance company to pay Town & Country Pediatrics directly. A copy of this authorization can be considered an original for insurance purposes.
 * I do hereby consent to and authorize the performance of all examinations, treatments, and medical services by Town & Country Pediatrics and their staff, which may be deemed advisable. My signature on this document indicates that I have read, understand and agree to the policies outlined in this document.

Signature

Date

Print Name

Relationship to Child(ren)

Child/Children’s Names and Date(s) of Birth: _____

