

Patient Name: _____



Financial Policy

Thank you for choosing Keystone Pediatric Therapy for your child's therapy needs. We are committed to providing you and your child/children with the highest quality of care possible. As part of our relationship with you, we want you to have a clear understanding of our financial policy. As you are probably aware, employers are selecting health plans that have increasingly transferred costs to you (the insured). This is due to high deductible and larger coinsurance plans. Because of this, we need to implement certain payment policies to be able to continue to provide the best care possible for your child/children.

Insurance, co-payments and other fees:

- **Insurance:** We are contracted with several different insurance plans. As a courtesy, we will file medical claims directly to the **primary** insurance plan. Please make us aware of any changes to your insurance. If you fail to do so, the balance will be your responsibility. We are obligated to file claims within a certain timeframe. We will not be held accountable if you fail to give us updated insurance information at the time of visit. **It is always best to contact your insurance company to ensure we are participating with your plan and service will be covered.**
- **Co-pays:** As participating providers with your insurance plan, it is required to collect your co-payment on the date of service. If payment is not received at the time of visit, you must call in and make payment prior to the end of the day. If we do not receive payment by the end of the day, a \$10 late fee may be applied.
- **Uninsured:** If you have no insurance coverage, payment is due at the time services are rendered. **A credit card will need to be kept on file.**
- **No show fee:** We will charge a \$35 fee for "no shows".
- **Cancellation fee:** A \$20 fee may be charged for cancellations that are made within 24 hours of a scheduled appointment.
- **Forms:** A \$15 charge will be incurred for all forms and letters. These are often lengthy and take extra time to be completed. Please allow up to 10 business days for these to be completed. This charge also applies to requests for additional copies of medical records (progress notes and evaluation reports) as original copies of these reports are already provided to you.
- **Returned check fee:** \$35 will be charged for any checks that are returned NSF.
- As the guarantor, you are responsible for all remaining balances after the insurance has paid. This includes coinsurance, deductibles, and non-covered services. Payments on any outstanding balances are due at the time of visit. We will work with you to make payment arrangements and set up a payment plan if necessary.
- Payments on any outstanding patient balances are due at the time of visit.
- In a divorce situation, the parent who brings the child to our office is responsible for payment. Insurance may be filed but the parent in attendance will be responsible for any co-payment or outstanding balances. We cannot accept split payments.

Credit Card Authorization:

- Keystone Pediatric Therapy accepts MasterCard and Visa. A credit card must be kept on file. By providing Keystone Pediatric Therapy with specific credit card information, we will not have to call/text you when a co-payment was not received at the time of service. Credit card information on file can also be used to pay your remaining balance after your insurance company has processed your claim.
- **I authorize Keystone Pediatric Therapy to save and charge the credit card given to our office personnel for any outstanding balance that is incurred for evaluation and therapy visits. I understand that Keystone Pediatric will contact me by phone for transactions over \$100 for my permission. Receipts will be mailed following any outstanding balance credit card transaction. Credit card information will be kept secure and confidential.**

Parent/Guardians Name

Parent/Guardian Printed Name

Relationship to Patient

Date