**Financial Policy**

Thank you for choosing Our Kids Pediatrics for your child’s healthcare provider. We are committed to providing your child with the best available medical care. In an ongoing process of making sure that all your medical needs are met, we are available to discuss our fees and policies with you.

We ask the responsible party to read and sign our financial policy. As the responsible party, please understand:

1. All fees are due at the time of service. This may include deductibles, co-insurance payments and co-pays. We accept cash, check, VISA, MasterCard and American Express. Any unpaid balances should be paid at check-in time.
2. It is the policy of our practice to bill your insurance provider for you. However, please understand that we are not a part of the contract. It is between you, your employer, and the insurance company. Our relationship is with you. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered versus non-covered charges, secondary insurance and their determination of “usual and customary” charges. As a medical provider, our relationship with insurance companies is strictly that of an independent contractor. We will provide accurate factual information to your insurance provider to facilitate the processing of all claims.
3. All charges are your responsibility. If we are obligated by our contract with your insurance company to adjust our charge then the non-reimbursed amount will be due in full from you. If a payment is made directly to you by your insurance company for services billed by Our Kids Pediatrics, promptly send the insurance payment to our office within 10 business days or those charges will remain unpaid in our system.
4. Failure to comply with our financial policies, after several attempts have been made to pay your balance in full could result in dismissal of your family from the practice.

At Our Kids Pediatrics, we understand that financial problems may affect timely payments, so we encourage you to communicate any such problem with us. We will be glad to assist you in any way we can to keep your account in good standing. If you have any questions please call our office at (706) 886-1309 or come by and speak with one of our practice manager.

**BY SIGNING BELOW I UNDERSTAND THE FINANCIAL POLICY AND AGREE TO BE RESPONSIBE FOR ALL FINANCIAL OBLIGATIONS TO THE PRACTICE.**

Signature of Responsible Party\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_