



## Financial Policy

*Please read and sign Acknowledgement form*

We are glad you have chosen Kaleidoscope Kids to provide comprehensive, quality medical care to your children. We understand that in addition to needing to feel comfortable with your child's pediatrician, many parents have concerns regarding the financial policies of the practice. The following information is provided to avoid any misunderstanding concerning payment for professional services.

### **Insurance:**

**We will file insurance as a courtesy, however you are ultimately responsible for all charges incurred at Kaleidoscope Kids.**

Our office participates with a variety of insurance plans.

**It is your responsibility to bring your insurance card and photo ID to every visit; Pay your copayment, coinsurance, and/or any deductibles at each visit, and pay in full for any medical care or services that are not covered by your insurance plan.** New insurance information must be provided at the first visit after the change. We accept cash, checks with prior approval, and MasterCard, Visa, Discover or American Express. We do not bill for copayments. We cannot file any claims without a copy of the insurance card.

**If your insurance company requires you to choose a PCP (Primary Care Provider), you will need to choose Kaleidoscope Kids or a physician from our practice. If your insurance card lists another physician's name, we will see your child, but you will be "Private Pay" and required to pay at the time of service until the PCP has been changed to one of our physicians.**

If you have questions about your insurance, we are happy to help. However, specific coverage issues should be directed to your insurance company member services department. The telephone number is usually located on your insurance card. **You are financially responsible for any amount not covered by your insurance plan. You are financially responsible for all charges incurred in your child's care and treatment.** You are responsible for knowing what your insurance company covers. Plans may differ, even within the same insurance company. Please be aware that some, and perhaps all services provided may be non-covered services and not considered reasonable and customary under your insurance plan. Examples include counseling for behavior or learning problems, ADHD, extended telephone conversations, and written correspondence. You may be billed for these services directly. Should your insurance carrier require you to use a specific lab or other outside facility, it is your responsibility to inform the staff. Failure to do so may result in charges to you, which your insurance company does not cover. **The balance of any claim filed to your insurance is your responsibility. In the event that**

**your insurance company does not pay within 60 days, you will receive a bill from this office. You will be responsible for payment of this bill within 30 days.**

**Co-Payments/ Coinsurance:** Some insurance companies require a co-payment for each and every office visit regardless of the services being performed. All co-payments are due at check-in, prior to treatment. Any services deemed to be the family's responsibility (additional co-pays, coinsurance, deductibles, etc.) or that are considered non-covered by your insurance, are due immediately.

**Private Pay:**

If you have insurance that we do not participate with, or your child does not have insurance, payment in full is expected at the time of service. **We offer a discount to private pay patients, if the charges are paid in full at the time of service.**

**All Accounts:**

If you fail to make payment in full for services that are rendered to you, your outstanding balance will be sent to an outside collection agency. You will be responsible for any fees associated with the collection of your outstanding balance. **Failure to meet your financial obligations to this office may lead to dismissal from the practice.**

**Returned checks will incur a \$35 fee.** The amount of the check plus the fee must be paid within 10 days of notification by money order, cash, or credit card. If a second check is returned on the account, the office will no longer accept personal checks for payment.

**Referrals:** Please be aware that some plans require pre-authorization before seeing a specialist. If you choose to see the specialist before receiving approval, you may be required to pay out of pocket.

**Missed Appointments:** All visits are by appointments only. There is a \$40.00 administrative fee for the first missed appointment or appointment cancelled less than 24 hours in advance. The fee increases to \$80.00 for the second missed appointment. The entire cost of the visit will be charged on the third missed appointment. Kaleidoscope Kids reserves the right to dismiss a patient from the practice after three missed appointments. Please help us serve you better by keeping scheduled appointments.

We thank you for choosing us to care for your children. We appreciate your trust and look forward to providing a medical home for your family. If you have any questions regarding our financial policies, please do not hesitate to ask.

**Please sign the Acknowledge form confirming that you have read and understand the "Financial Policy".**