



PATIENT FINANCIAL POLICY

It is the policy of Bear Creek Pediatrics, PLLC to provide you with information related to our billing processes and your financial responsibilities as our patient. This policy helps us in our mission to provide you with exceptional medical care in the most cost-effective manner.

Things to bring with you to each visit:

- Current insurance card(s)
- Photo identification
- Your preferred method of payment for any cost shares or co-payments due at time of service

Insurance Companies – Participation and Billing

1. We participate with most third-party insurance plans available in our area; however, it is your responsibility to verify that your providers are currently participating with your plan **PRIOR** to your scheduled appointment. You are responsible to designate your provider as the Primary Care Provider (PCP) with your insurance plan. Failure to do so may result in your responsibility for any incurred charges.
2. You will be asked to provide your insurance card at every visit. This is to ensure that the information we have on file is correct and that your plan is current.
3. As a courtesy to you, we will submit claims to your primary and secondary insurance companies whether we participate or not.

Time of Service Payments

1. Co-payments, coinsurance, and deductibles are part of the contractual agreement between you and your insurance company. Your insurance company requires us to collect your co-pay in full at the time of service.
2. Patients without medical insurance (self-pay patients) are responsible for any and all charges that result from medical services provided by our office. Payment is due when services are rendered unless other payment arrangements have been approved.

Collections

The practice reserves the right to consider delinquent patient accounts for external collection efforts in accordance with state and federal regulations.

Annual Wellness/Physical Visits

1. Most insurances encourage one wellness visit per year, after the age of 2. Wellness visits include measuring vitals, growth and development; physical exam; screening for age associated risks; and discussion of wellness and preventive care.
2. We follow American Academy of Pediatrics (AAP) guidelines for all associated screenings. Some screenings may not be covered by your insurance policy, and you will be billed for those items (typically \$5-\$15).
3. Other services that may incur charges during a physical exam include: treatments (warts, etc.), referrals (speech therapy, dermatology, etc.), new prescriptions or lab order.

I have read this Patient Financial Policy and I understand that I am ultimately responsible to Bear Creek Pediatrics for charges not covered by my benefit plan.

Printed Patient Name _____

Parent/Guardian Signature _____

Date _____