

# **EMERALD PEDIATRICS, INC.**

**5050 Blazer Parkway, Suite 100**

**Dublin, Ohio 43017**

**Ph: 614-932-5050**

**Fax: 614-932-9372**

## **Financial Policy**

Patient Name(s) \_\_\_\_\_

Parents should understand that they are required to pay for their child's health care at the time that services are provided. Upon request, we will be happy to provide you with an estimate of the cost for specific services before your appointment. We accept cash, checks, debit cards, MasterCard®, Visa®.

It is your responsibility to bring your most recent insurance identification card with you to every visit. You will be asked to present this card upon arrival, along with your co-payment. If your insurance identification card, for any reason, is not provided you will be expected to pay for the visit, in full, at the time services are rendered.

Divorced Parents: The parent who brings the patient to our office will be responsible for our professional fees, co-payments, etc., unless specified alternate arrangements are made in advance.

All laboratory specimens will be sent to Nationwide Children's Hospital laboratory for processing unless otherwise specified by you. It is your responsibility to notify the staff if your insurance company requires that specimens be sent to a different laboratory.

Some insurance companies require that our office send a referral if your child requires a visit to a specialist. Since filling out a referral is a lengthy process, please call your insurance company to make sure one is required before requesting one from our office. If a referral is needed, we will process it for you.

### Managed Care Policyholders

Copayment amounts are due at the time services are provided. If there is a deductible to be fulfilled, all services must be paid in full, at the time of service, until the deductible is fulfilled. You are expected to pay in full at the time of service for all non-covered services.

We are participating providers with numerous Preferred Provider Organizations and Health Maintenance Organizations. Please check with your insurance company to determine if our physicians are considered a participating provider for your plan.

### For Commercial and Non-Contracted Managed Care Policyholders

You are financially responsible for all charges. Insurance is considered a method of reimbursing the insured for fees paid to Emerald Pediatrics, Inc. Some insurance companies pay fixed amounts for certain services and others pay a percentage of the charges. Emerald Pediatrics, Inc. is not contractually obligated to accept only the amount your insurance company allows. It is against policy to discount services rendered to your child, even though your insurance company's allowable amount is less than the amount Emerald Pediatrics, Inc., charges. It is your responsibility to pay any balance not paid by your insurance company at the time services are provided.

Financial Policy (continued)

I understand that the Emerald Pediatrics, Inc., business office will file all claims for services provided, to my primary insurance company, if the physician's are participating providers. Our billing office will file claims to your primary insurance only. You will be responsible for filing all claims to your secondary insurance.

I acknowledge that I am responsible for any balances that may be due the physician because of:

- co-insurance or co-payment amounts
- yearly deductible amounts
- non-covered services
- out-of-network charges
- termination of coverage
- exhausted or maximum benefits
- no insurance coverage
- failure to respond to insurance company correspondence
- failure to respond to insurance company coordination of benefits inquiry
- failure to list an Emerald Pediatrics, Inc., physician as your primary care physician with your insurance company

I understand that I will receive a statement for any balance due, after the claim has been processed by my insurance company. I understand and am agreeable that the balance of my statement will be paid in full to Emerald Pediatrics, Inc., within 30 days of receipt. If your account is sent to our collection agency, for failure to pay, the physician-patient relationship will be terminated immediately.

If I am unable to pay the entire amount, I am responsible to immediately, upon receipt of statement, contact the business office at 614-932-5050. Under special circumstances, payment arrangements may be made.

I have read and understand the above financial policy.

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Signature of Responsible Party

Date