

VILLAGE PEDIATRICS  
FINANACIAL POLICY

We thank you for choosing Village Pediatrics for the care of your children and we will strive to provide the very best care. In order to do so, this financial policy has been prepared to make you aware of our financial policies.

In order to better serve your needs, our office accepts numerous insurance plans, and every plan is different. It is up to the insured to know the exact requirements of their own insurance plan. In order for us to file insurance claims on your behalf, you must present proper proof of insurance at the time of your child's visit. Insurance information must be provided for each of your children. If you are not able to provide proof of insurance you must either pay in full at the time of service or you may choose to reschedule your visit. We will assist you in dealing with your insurance plan regulations; however, **we will not be responsible if you do not follow the specific terms of your insurance agreement.** Your benefits have been set according to your contract terms, and we must follow those terms exactly. Pleased do not ask us to provide services outside those terms, or to file your claims in any other manner, as we cannot do so. If you have an HMO and your card does not have one of our doctors listed as the primary care physician you will be responsible for payment in full at the time of service. We will be happy to file insurance claims for you. However, when appropriate, if your insurance hasn't responded with 45 days, full and prompt payment will be expected from you.

Fees due at the time of service include: co-pays, deductibles, non-covered services or patients that are not covered by insurance. For your convenience we accept, cash, check, MasterCard, Visa, Discover, and American Express.

Our office will do whatever we can to assist you. If you have questions or problems please do not hesitate to contact our billing office at 913-642-2100, option 4, Monday through Friday 8:00-4:00p.m.

I have read and understand the financial agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_