



**Financial Policy
Revised 12/07/2023**

We are committed to having a successful physician/patient relationship. Please understand that while quality medical care is part of this relationship, payment of your bill is also an important part. Outlined below is the financial policy for Children's Intensive Caring.

- It is important that you know and understand your insurance benefits. Due to new Nurse Practitioner billing rules, your co-pay, co-insurance and/or deductible may be different than that of the physician's. Also, we cannot bill your insurance company unless you give us your current insurance information. Your insurance policy is a signed contract between you and your insurance company. Our office is not able to change your contract. You should always carry your insurance card with you and anticipate showing it at the time of your visit.
 - **Should we not have your most up-to-date insurance information; your account will then be changed to "self-pay". Once you have given us your updated insurance information, we will change your status and bill your insurance. **Should you be eligible for Ohio Medicaid, please notify us immediately.**
- It is your responsibility to ensure that we have the most current insurance information. This is extremely important as there are time frames as to when a claim may be submitted to insurance. Should we have the incorrect insurance on file and it is past "timely filing", the balance will then be turned to patient's responsibility.
- Federal law requires Children's Intensive Caring to submit every claim to the insurance company accurately, reporting the exact services performed. Insurance companies do not always pay for **ALL** medical services. Children's Intensive Caring cannot change a diagnosis code or procedure code in order for insurance to pay the claim.
- Per your agreement with your insurance company, co-pays are due at the time of services. It is expected that you will pay your co-pay before your visit or you will need to reschedule you appointment.
 - Should you ask for your co-pay to be billed, please be aware that there will be a \$20 penalty added to your account.
- If you do not have insurance, full payment is expected at the time of service unless payment arrangements have been made with the Office or our Billing Department.
- Self-pay balances (deductibles, co-insurance, etc) are due upon receipt of statement. If you are unable to pay the balance in full, please contact our Billing Department to set up a payment schedule.
- Well Visits: The intent of well visits is to monitor your child for growth and any necessary vaccinations. It is not to discuss an ailment that they have. If your child does have an ailment at the time of the well visit, the clinician will use their discretion on whether or not the visit will be kept or changed to a sick visit. Should it be changed to a sick visit, you will be responsible for a co-pay if you have one. You will then need to reschedule your well visit for a later date.
- If you have an appointment scheduled and do not show or do not call to cancel at least 24 hours in advance, you may be charged a no-show fee of \$25.00. Three (3) no-shows in a 6-month time frame will result in being discharged from the practice.
- There could be a \$25.00 fee applied to any refunded check.
- Account balances greater than 60 days past due may be submitted to a collection agency for payment. There will be a \$25 service fee added to the account at this time. Additionally, care for your child /children may be discontinued 30 days following notification of past due account.
- We accept cash, check, and debit/credit card as forms of payment.

If you have any concerns or questions, please contact the office at (419) 841-0772.

Date	Signature
Patient Names	