Thank you for choosing Kidsville Pediatrics as your child's pediatrician and as one of our patients we would like you to be aware of our financial policies. Once you have carefully read the following, please sign this document and return to our office staff.

- Most plans have deductibles, coinsurances, and/or copayments that are solely your responsibility at the time of your visit. **Copayments are due at the time services are rendered**. The accompanying parent, grandparent, guardian, including babysitter are responsible for full payment at the time of service. Copayments not collected at the time of visit will be charged a $10.00 fee plus the amount of the co-pay.
- On arrival, you must present your most current insurance card at each appointment. If the insurance company that you present is incorrect, you will be responsible for payment of the full cost of the visit and will be required to submit the charges to the correct plan.
- The accompanying adult presenting a minor for examination or treatment must present a valid government-issued identification at check-in. If the accompanying adult is not the child's parent or legal guardian, they must disclose that status to the practice and provide documentation evidencing authorization to accompany the child and/or consent to treatment, including but not limited to a written authorization from a parent or legal guardian, court order, guardianship documentation, or other documentation acceptable to the practice. Failure to provide satisfactory identification or proof of authorization may result in delay, rescheduling, or refusal of non-emergency treatment.
- Certain insurances require you to select a Primary Care Physician or a PCP. Please call your insurance prior to the visit and to select our Pediatrician as your PCP. **If they have not been notified you may be financially responsible for this visit and/or your appointment will need to be rescheduled.**
- Patient and sibling balances are due at the time of appointment. Your appointment may be rescheduled if your balance is not paid in full or set up on a payment plan created by Kidsville Pediatrics.
- If our physicians are not on your insurance panel or you do not have insurance, then **payment in full** for services provided is required at the time of visit. For appointments that have already been scheduled, any and all prior balances must be paid prior to being seen.
- MyChart is required.
- Patient balances are billed immediately once your insurance plan's explanation of benefits (EOB) has been received by our office. **Your payment is due within 10 business days of your receipt of your bill.**
- If you are unable to keep your scheduled appointment, we require you to contact our office within **24 hours** before your appointment to reschedule or cancel. This will allow us to have another patient who needs that appointment to come in. If you do not contact us within 24 hours, we will charge a fee of $50.00 for each child that was scheduled to be seen for primary care pediatrics well, sick, or office visit. In addition, if you do not contact us within 24 hours, we will charge a fee of $100.00 for each child that was scheduled to be seen for Behavioral Health New Patient visit or any Behavioral Health follow up visit.
- **We reserve the right to discharge any patient or family from the practice after 3 no show appointments.**
- **If you are more than 15 minutes late, you may be required to reschedule your appointment.**
- Any balance over 60 days will be forwarded to a collection agency.
- Please call our office if you have a question about your bill. We are happy to review your bill with you to prevent any misunderstandings.
- During your visit, we may use an Artificial Intelligence (AI) system to assist with clinical documentation. This system helps draft medical notes, which are reviewed and verified by your provider for accuracy. Your medical information is securely stored in compliance with applicable laws.

_____ _____

Printed Name Date

_____ _____

Signature Date