



## CREDIT & COLLECTION POLICY

**Responsible Party:** The parent/legal guardian bringing the child(ren) into the office will be considered the responsible party for billing purposes. If the parents are divorced or custody has been transferred to a legal guardian, the custodial parent/legal guardian who brings the child(ren) in will be responsible for the bill. It is then the obligation of that parent, not our office, to collect medical bills from the other parent. Emancipated minors are responsible for their own bills.

We do not get involved in billing disputes in cases involving divorce or separation, and will not split bills among family members.

**Courtesy Claim Filing:** We file your insurance claim with your primary insurance company as a courtesy to you. We will ask for your current insurance plan information at the time of each appointment. Please bring your insurance card with you at every visit, and promptly inform us of any changes in your insurance coverage.

**Co-Pays:** Your co-pay is due at the time of your office visit. If we have a contract with your insurance carrier, we are responsible for collecting the co-pay and you are responsible for paying it. If you do not pay the co-pay at the time of your visit, we can call your insurance company and state that you are not making your co-payments.

If your insurance does not have a co-pay, but instead has a deductible or coinsurance, payment in full will be expected.

**Insurance:** After filing your insurance, we will wait 60 days for a response. If we have no response from your insurance company, you will be personally responsible for the unpaid balance. You will then have 30 days after the receipt of your first statement to make a minimum monthly payment.

If you do not have insurance, you are expected to make payment in full at the time of the visit.

**Minimum Payment:** A minimum payment of \$25.00 or 20% of the outstanding balance (whichever is greater) is required on any outstanding balance or charge incurred.

**Payment Plan:** If you are unable to pay your account in full, you may contact our Billing Department to discuss a payment plan. A payment plan means you will make your payment each month. If you are unable to do so, you must contact our Billing Department or your account will be turned over to a collection agency.

**We accept VISA, MasterCard, Discover, American Express and debit card payments.**

**Past Due Balances:** If your balance is over 60 days, we will contact; you regarding payment. You will receive an initial letter regarding your past due balance and we ask that you call our Billing Department to set up a payment schedule.

A Billing Specialist will attempt to call you to arrange a payment plan. If you do not respond to our correspondence and phone call, you will receive a final notice. Your account will then be turned over to a collection agency if you do not contact our Billing Department within ten days after the final notice is sent.

**Collection Agency:** Once your account is turned over to a collection agency, it is in their hands and we will not take the account out of collections. All questions or payments should be sent to them.

After your account is turned over to a collection agency, you must make payment in full at the time of each service. We also reserve the right to terminate your from our practice.

**Notify us in case of errors or questions about your bill.**

If you have questions about your bill or think there is an error, contact us as soon as possible. We must hear from you no later than 60 days after your first bill is sent on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In writing, give us the following information: your name, account number, the dollar amount of the suspected error, the posting date of the transaction in question, and an explanation of why you believe there is an error. If you need more information, describe the item you are unsure about. Please be sure the person responsible for the account signs all correspondence