



ISLAND KIDS PEDIATRICS, P.C.

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Date: June 6th 2017

To: OUR PATIENTS

From: Management Team

RE: Revision to IKP's Policies Effective 6/6/2017

Be advised of the below revision on our Financial Policy effective June 6th 2017. We require you to review and acknowledge you have seen the policy revisions.

Revision to section: Financial Policy Acknowledgement

Any financial portion that is the "member's responsibility" such as co-pay, deductible or a non-covered percentage will be collected at the time of service. **If, for any reason, it is not collected at the time of service, a \$10 late payment fee will be applied and an annual finance charge of 25% will be applied to your ongoing outstanding balances.**

Revision to section: Billing & Payment Policy

At the time of service, you are responsible for copayments, co-insurance, deductibles and any non-covered services. Failure to make your payment at the time of service **can results in an annual finance charge of 25%. Be advised any outstanding balances are due within 28 days of the statement. All balances reaching 30 days past due will be charged the annual finance charge and or be sent to a collection agency.** Should your account be sent to a collection agency, you will be financially responsible for all collection fees and legal fees that our office incurs through the process utilized to collect the delinquent balance. If we do not participate in your insurance plan you are responsible for full payment at the time of service.

Convenient options to pay your bill timely to avoid statements, finance charges and or collections fees!

- Pay at the time of service, our office accepts Visa, American Express, Discover, MasterCard, checks and cash for your convenience.
- Sign the form for Credit Card on File Authorization. Your Patient Responsible balance will be applied to your card and your receipt will be sent to the patient portal automatically.
- Secure online bill pay on our Patient Portal: Go to www.islandkidspediatrics.com

Web Enable: Please keep your email updated to receive test & lab results, medical summaries, immunization records, billing statements and receipts and much more.

Current email address: _____

I authorize medical care and accept the financial responsibility for my children, my step children, and/or the child(ren) that I am accompanying. I am responsible for all fees and will assure the charges are paid in a reasonable time.

I authorize the release of any medical or other information necessary to process any claims.

I have read and fully understand the financial policies of Island Kids Pediatrics, and agree to the terms. I also understand that the terms of these financial policies may be amended by the Practice at any time without prior notification.

Parent/Guardian/Personal Representative Signature

Date