



ISLAND KIDS PEDIATRICS, P.C.

Deniz Cereb, MD FAAP, Esra Fakioglu, MD FAAP, Uzma Afzal, PA, Frank Akiva, FNP, Rachel Sainte, FNP, Dmitry Shindelman, PNP

FINANCIAL POLICY ACKNOWLEDGEMENT

We are pleased that you have entrusted our physicians with your health care. In doing so, you can be assured that we are committed to providing you with the best medical care possible. We also appreciate that healthcare coverage can be a complex world and recognize the need to establish a clear and concise financial policy that helps you understand your responsibilities as a patient. As a policyholder of healthcare insurance, it is your responsibility to be an informed consumer and to inform us of any changes with your insurance. Many insurance carriers have “timely filing deadlines.” If we are not provided with accurate information at the time of service, you may be responsible for payment in full for all services rendered. Our physicians participate with a variety of health insurance plans. Prior to your visit, it is your responsibility to verify our practice has a contract with your insurance carrier & that our physicians participate with your plan. It is expected that you have an understanding of what your policy covers, know your copayment amounts, deductible and coinsurance amounts. If your insurance carrier requires you to select a Primary Care Physician (PCP), it is also your responsibility to select our office prior to your visit. 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.** Remember, your insurance coverage is a contract between you and your insurance company. Our practice is not responsible for services denied by your insurance company. We will do our best to assist you with understanding your proposed treatment and in answering questions relating to your insurance.

Billing & Payment Policy- Guarantor’s Responsibility

Our office accepts Visa, American Express, Discover, MasterCard, checks and cash for your convenience. It is our billing policy to file all claims to those insurance carriers in which we are participating providers. 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 result 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.**

New Born Billing Policy

Newborns are usually covered on your insurance plan under a newborn allowance for the first 30 days from date of birth. It is your responsibility to notify your insurance carrier of your newborn. We will hold the charges for 30 days to allow your insurance carrier to enroll your newborn. If we do not receive the new insurance information within the 30 days, we will have to bill you as a self-pay patient and you will be responsible for all services rendered.

Cancellation/No Show Policy

We understand there will be times when a scheduled appointment cannot be kept. If you need to cancel or reschedule an appointment, we request that you notify our office 24 hours in advance. If your appointment is made for “same day” and you find yourself unable to keep it, please call to cancel with a minimum of 3 hour notice in order for another child to be scheduled. Failure to provide this notice will result in a cancellation/no show fee of \$25.00

Forms Policy

We understand many organizations such as camps, schools, sports teams require a form to be completed by your pediatrician. It may be necessary for you to drop off the form and it will take our office 48 hours to process your request. There is a form fee range of \$5 to \$20 for processing forms.

Returned Checks

Checks returned to us by the bank will be assessed a \$25 returned check fee, in addition to the original amount of the check. You will have 10 days to clear up the outstanding check. If you do not pay the check plus the return fee in the specified time, the check will be sent to a collection agency. In addition, we will only accept cash or credit card for any future visits.

Medical Records

A fee of \$5.00 due prior to the release of records.

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