Patient Acct# _____

Renaissance Pediatrics Financial Policy

Payment is required at **the time services are rendered** unless other arrangements have been made in advance. This includes deductibles, applicable coinsurance, and co-payments for participating insurance companies. Appointments may be cancelled or rescheduled if a balance is not paid at the time of service.

We do our best to provide the most accurate estimate of charges anticipated, but the amount given is only an estimate. Any labs and procedures performed at the visit may incur additional charges.

Renaissance Pediatrics accepts cash, personal checks ($40 service charge applies to a returned check), Visa, MasterCard, and Discover. To ensure continuity of care and avoid a $25.00 late fee on unpaid balances over 60 days, we ask parents to leave a credit card number on file with our financial processing network, InstaMed. The card number will not be stored on our computer servers, rather encrypted off site at Instamed's Secure Data Centers. The card may be used as a convenient solution to paying your account balance. Any balance under $50 will automatically be charged to the card on file once the balance passes 30 days. Anything over $50 will require the cardholder's authorization prior to being charged.

I authorize Renaissance Pediatrics to charge the portion of my bill that is my financial responsibility to the following credit or debit card:

Please circle: Visa MasterCard Discover

Credit Card Number: _____ **Security Code:** _____

Expiration Date: _____/_____

Cardholder Name: _____

Billing City/State: **City** _____ **State** _____ **Zip** _____

Email of Cardholder: _____

I, the undersigned, authorize and request Renaissance Pediatrics to charge my credit card, indicated above, for balances due for services rendered that my insurance company identifies as my financial responsibility. I understand that I will need to provide additional authorization for any charge over $50.

This authorization will remain in effect until I cancel this authorization. To cancel, I must give a 60 day notification to Renaissance Pediatrics in writing and the account must be in good standing.

Patient Name (Print): _____

Cardholder Name (Print): _____

Credit Cardholder Signature: _____

Date: _____/_____/_____

(continued on back....)

Insurance

We bill participating insurance companies as a courtesy to you. It is your responsibility to provide all current and accurate insurance information at the time of service. If we have not received a payment from your insurance company within 45 days of the date of service, you will be expected to pay the balance in full. We do bill secondary insurance companies as a courtesy to you.

Refunds

Overpayments will be refunded upon written request to the responsible party within 30 days.

Managed Care

If you are enrolled in managed care insurance plan (i.e., HMO) you must receive a referral from our office *before* seeing a specialist. *No* retroactive referrals will be given.

Missed Appointments/Late Cancellations

Broken appointments represent a cost to us, to you and to the other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment. We request all appointments be confirmed; if we are unable to confirm an appointment, we reserve the right to cancel the morning of the appointment. We reserve the right to charge for any missed or late-cancelled appointments. Excessive abuse of scheduled appointments may result in discharge from the practice.

I have read and understand Renaissance Pediatrics financial policy. I agree to assign insurance benefits to Renaissance Pediatrics whenever necessary. I also agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed, I will be responsible for all costs of collections which is currently $25.00 (subject to change).

Printed name of Insured or Authorized Representative: _____

Signature of Insured or Authorized Representative: _____

Patient Name: _____

Patient DOB: _____/_____/_____

Today's Date: _____/_____/_____

(9/15)