

# Daniela Atanassova-Lineva, M.D. Pediatrics, PC

**Co-payment Policy: For all co-payments not paid at the time of visit there is a \$10.00 surcharge that will be billed to your account.**

Patient Name(s) \_\_\_\_\_

## Financial Policy

We are committed to providing the best possible care to our patients and their families and feel that this goal is best achieved if everyone is aware of our financial policy. We are doing everything possible to hold down the cost of medical care. You can help a great deal by eliminating the need for us to bill you.

### Payment Procedures:

**Full payment is expected at the time of service, regardless of who brings the child to the office. This includes applicable deductibles and co-payments.**

We accept cash, personal checks and all major credit cards. Once your balance is settled, we can provide you with insurance claim forms if applicable. A receipt must be provided to you for all payment transactions. The accompanying parent or other adult is responsible for full payment at the time of service and for providing the proper insurance identification. If there should be a dispute about the financial responsibility, we will hold the accompanying parent responsible for payment.

### Insurance Coverage

We participate with several insurance plans. As insurance benefit plans vary by employer, it is the policyholder/parent's responsibility to know the specific benefits of their plan. We will bill the insurance companies we participate with. If your carrier requests other information from you such as evidence of other insurance, they will not reimburse us until you provide it. If you do not do so, you will be billed for any outstanding charges.

### Non-covered Services

We will always provide your child with, what we consider the best and most-up to date medical care. Some insurance plans limit procedures and services in order to control their costs. As a result, certain services we may provide for your child may not be reimbursed by your plan. Except as provided by your insurance contract or by state law, we will hold you responsible for all charges not covered by your policy. We do not bill co-payments.

### Secondary Insurance

We are unable to process secondary claims for you. At your request, we will be happy to provide you with a complete claim form following our reimbursement by your primary carrier.

### Newborn Enrollment

It is essential that you enroll your newborn on your policy within a few days of the date of birth. We can only bill newborn services under the mother's insurance for the first 30 days following the date of birth. If you have not enrolled your newborn within the 30 day period, you will be responsible for payment at the time of service.

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**Most of our participating insurance contracts cover these fees, but in the event they do not you will be responsible for these fees.**

## **Laboratory services**

We will send your lab work to the appropriate laboratory based on the insurance information you have provided to our office. We are not liable for insurance billing and balances due from outside labs. There is a charge for specimen handling and transport.

**Afterhours:** There is an additional \$60.00 fee charged for visits after routine office hours.

**Medical Records:** Upon your written consent, we will provide you with a copy of your child's medical record. There is a charge of \$.75 per page for this service.

**Camp/School Forms:** There is a \$10.00 fee for each camp/school form completed or provided. There is a \$5.00 fee for each WIC form. For faster processing, we ask that you provide a self-addressed stamped envelope along with your form.

**Missed Appointment Fee:** There is a \$25.00 fee charged for appointments that are not canceled. Please call ahead, preferably at least 24 hours in advance if you are unable to keep an appointment.

**Returned Checks:** There is a \$25.00 charge for any check returned to us from the bank.

**Collections Agency:** Any charges remaining unpaid for more than 90 days from the date of service are considered delinquent and may be sent to a collection agency. In this situation, the responsible party will have to correspond with the collection agency regarding any financial arrangements and will be responsible for the original amount due in addition to any fees charged for the cost of collection.

**Should you experience financial hardship, please contact our Billing Department for assistance with a payment plan.** They are available Monday through Friday between 10:00am and 5:00pm.

*I have read the above policy and agree to its terms;*

\_\_\_\_\_  
Signature of parent, insured or authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to patient