Financial Policy for
Northeast Cincinnati Pediatric Associates, Inc.

This is an agreement between Northeast Cincinnati Pediatric Associates, Inc., as creditor, and the parent or guardian of the patient, or patient if not a minor, as debtor, named on this form. In this agreement the words "you," "your," and "yours" refer to the parent/guardian debtor. The word "account" means the account that has been established in our name to which charges are made and payments credited. The words "we," "us," and "our" refer to Northeast Cincinnati Pediatric Associates, Inc. By executing this agreement, you are agreeing to pay for all services that are rendered applied to patient balance.

Monthly Statement: If you have a balance on your account, we will send you a monthly statement.

Payments: Unless other arrangements are approved by us, the balance on your statement is due and payable by the due date given and is past due thereafter.

Payment Options If You Have Insurance:
We are required by our insurance contracts to collect all copays at the time of service. You may also choose to pay your deductibles at the time of service by cash, check, MasterCard, Visa, American Express, Discover credit or HSA or debit cards.

Payment Options If You Have No Insurance: We accept cash, check, credit or debit card at the time *the service is rendered.* ***$150 will be required prior to being seen.*** We will balance bill you once all charges have been put in the system.

Insurance: It is your responsibility to know your eligibility and coverage with your insurance and to provide that information to our office. If it is not known, we suggest you contact your insurance company prior to your visit to verify coverage limitations and exclusions. Although we may be able to estimate what your insurance may pay, your insurance will make the final determination once the claim has been processed. You agree to pay any portion not covered by your insurance. We do not balance bill if your plan prohibits it.

Divorce: In case of divorce or separation, the parent authorizing treatment for a child or children will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Past Due Accounts: If your account becomes past due, we will take the necessary steps to collect this debt. If we refer your account to a collection agency due to non-payment, the providers of Northeast Cincinnati Pediatric Associates, Inc. may no longer be able to provide care. In this case you will be notified by certified mail and given up to 30 days of emergency care until you find a new physician for your child(ren). All accounts sent to a collection agency may be reported to the credit bureau.

Missed Appointment Fee: If you fail to show up for your appointment time with a physician or nurse practitioner and do not cancel at least 3 hours prior to your appointment, a fee of **$60 to $90** will be charged. Counseling appointments require at least 24 hours' notice or you will be charged a **$200 fee**. This fee must be paid before another appointment can be scheduled. Patients with 3 or more missed appointments within a 12-month period may be notified by certified mail to find a new physician for your child(ren) and given 30 days of emergency care.

Additional Treatment Costs:

Well Visits: When your child is seen for a well visit and is diagnosed and treated for a separate complaint, an additional visit charge may be applied. This additional charge may incur a copayment or be applied to deductible.

After Hours Fees: Appointments scheduled at 5:00 P.M. or after or on Saturdays will incur an additional after hours fee.

Forms Completion and/or Assessment: A fee will be assessed for completion or assessment of forms.

(The fees listed above will be submitted to your insurance carrier and may be subject to any deductible or co-insurance.)

Returned Checks: There is a fee for any check returned from the bank for any reason, currently **$35.00.**

Transferring Of Records: You will need to complete the authorization to release records form which can be obtained from our office or from our website at www.cincinnnatipediatrics.com. There is a fee for transferring records.

Billing Costs: It is the policy of this office to help keep your health care costs as low as possible. To do this, we need to keep our billing costs to a minimum. Please help us in the following ways:

Always bring your current health insurance card to the office.

- Please update any changes in insurance, address, phone#, etc. at check in.
- Please pay your copay or deductible at the time of service; or if you do not have insurance, please come prepared to pay for your visit in full.
- Please understand that you are responsible for verifying that our providers are within your insurance carrier's network.
- You should receive a bill for any patient responsibility within 30 days, and/or an explanation of benefits from your carrier. If you do not, please contact the billing office at (513) 530-2090.

Insurance Release: You may be responsible for payment of the following conditions:

- Services rendered by a Provider not participating in your health plan.
- Unmet deductible under your health plan contract.
- Services not covered under your health plan.
- Please check with your insurance carrier if you are not sure if any of these conditions apply.

I have read this Financial Policy as outlined above and understand that I am responsible for the charges incurred by my child/children as their legal parent or guardian. Once the agreement is signed, you agree to all terms and conditions herein and the agreement will be in full force and effect.

Signature of Parent/Guardian: ____Date: ________________

Updated 5/13/24