

EAGAN CHILD AND FAMILY CARE, P.A. FINANCIAL POLICY 2009

REGISTRATION

We need complete and accurate information about you/your child in order to provide you with complete care, including processing your insurance claims. You must provide a driver's license, government ID card or some type of identification at every visit.

Please check all personal information carefully so that we may preserve the integrity of our data. Please report all address, insurance and/or telephone number changes immediately.

You must provide us with your/your child's current medical insurance card. Please present this at every visit and notify us immediately of any changes in your insurance.

You will be asked to sign an Assignment of Benefits form which allows us to bill your insurance company and receive payments directly from them. If you do not sign this form, we will consider you to be un-insured and will not be able to properly file a claim to your insurance company.

YOUR FINANCIAL RESPONSIBILITY

We rely on you to promptly pay your account. You are ultimately responsible for all fees related to you/your child's care. Any court ordered responsibility judgment must be determined between the individuals involved. Unless we are provided with a copy of a court order, we hold the presenting parent financially responsible.

We will send you an itemized statement every month. Payment is due upon receipt of your statement. We accept cash, check, and credit card (Visa and MasterCard). You may be charged a monthly service fee of 1.5%, with a \$5 minimum charge, on any unpaid balance. Outstanding balances will be referred for collection after 180 days.

COPAY/DEDUCTIBLE

All co-pays are due at the time of check-in. If you are unsure of your co-pay responsibilities, please contact your insurance company prior to your visit. We may request that you reschedule your appointment if you are unable to pay your co-pay at the time of check-in.

We will bill you for deductible and co-insurance after your insurance has processed our claim. Your full payment of these amounts is due upon receipt of our bill.

PAYMENT PLAN

We know that payment for your healthcare can be a financial burden and we will consider a reasonable payment plan that will allow you to cover your obligation to us. In general, this payment plan will extend for 3 months, during which you will be responsible for regular payments. You also will be responsible for payments for new charges as they occur. Please call our Business Office if you would like to make arrangements for a payment plan.

NO INSURANCE

We provide services to persons who may not have insurance benefits. Please notify us prior to your visit if you do not have insurance

If you do not have insurance, or your insurance company does not cover your services, we require a down payment of \$65.00 at the time of your visit. Please remember, this is a down payment and may not be payment in full. You are responsible for all charges accrued on your account.

QUESTIONS

If at any time you have any questions regarding treatment or service fees, please discuss them with us promptly and frankly. We will make every effort to avoid misunderstanding.

OUTSIDE LAB SERVICES

There may be times when you/your child may receive laboratory services beyond those performed at Eagan Child and Family Care. In these cases you may receive a bill from the outside lab. We supply these laboratories with your insurance and billing information but it is your responsibility to follow up with **the laboratory** to provide financial reimbursement.