

Pediatric Associates of Franklin Financial Policy

Verification and Eligibility of Insurance: We use on-line tools to verify patient eligibility and confirm that your insurance policy is active in order to determine your co-payments and deductibles prior to your visit. Please present your insurance card at each visit in order to confirm that the insurance we have in our system is your current plan. If you have any questions regarding our charges or bills please contact our Billing Office at **615-550-9850**. **We do not participate in any TennCare insurance plans. If you elect to change your insurance to a TennCare product, you will need to select a different provider who participates in the TennCare plans.**

Collection of Co-Payments, Deductibles, & Outstanding Balances: Collection of all known co-payments, deductibles, and outstanding balances will be due at the time of service. Any non-covered services provided by our office will also be due at the time of service. For patients who have deductibles that have not been met and have been verified through our eligibility system we will require payment in the amount of a mid-level office visit at the time of service.

Health Savings Account (HSA), Health Reimbursement Account (HRA), and Flexible Spending Account (FSA): Please let the receptionist know when you check your child in if you have an HSA, HRA, or FSA so we may account for it properly. We will either run the payment on your card at the time of service or please notify us if your payment is paid directly from your account by the insurance company. Any additional deductible amount will be billed to you and/or a credit to your account will be issued if necessary. Please bring your card with you at each visit.

Payment Options: We accept Cash, Checks, Visa, MasterCard, Discover and American Express for payment of our services. There is a **\$35** returned check fee payable for all checks returned for insufficient funds. Payments can be made on-line at www.pediatricsoffranklin.com .

Payment Plans for Outstanding Balances: If you aren't able to pay your balance in full please contact our Business Office in advance of your child's visit at **615- 550-9850** to make acceptable payment arrangements. Recurring credit card payment plans are available to allow you to meet your financial obligations. Should your account be transferred to a Collection Agency you will be responsible for applicable attorney fees and court cost. Additionally, your family will be dismissed from the practice until the account balance is paid. Please avoid this action by contacting our Business Office to make payment arrangements.

Missed Appointments: If you need to cancel your child's appointment we require a 24 hour notice. A **\$30 No-Show** fee will be charged to your account and is due upon receipt of the invoice.

Non-Covered Services and Self Pay Patients: Payment is due in full at the time of service for non-contracted insurance, self-pay patients, and services that we have determined are not covered by your insurance plan. Please be prepared to handle these payments at the time of service. A **15%** discount will be given on Office Visits only.

I HAVE READ, UNDERSTAND AND AGREE TO THIS FINANCIAL POLICY.

Patient Name: _____ **Date:** _____

Parent Signature: _____

Witness: _____ **Date:** _____