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 615-790-3200 ext. 129. 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 (BSA), 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- 790-3200 to make acceptable payment arrangements. In consideration of services rendered, I agree to pay all charges incurred for my account as the patient and/or as the responsible party. In the event that I default in the obligation of payment to my provider, I understand that my account(s) can be placed with a collection agency or attorney for collection. I further agree to pay reasonable attorney fees, collection fees, and court costs if my account(s) is placed for legal or third-party collection action. A 30-45% fee will be added to all accounts placed with a collection agency.

Missed Appointments: If you need to cancel your child's appointment, we require a 24-hour notice. A $50 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: _____ **Patient Name**: _____ **Patient Name**: _____
Patient Name: _____**Patient Name**: _____**Patient Name**: _____

Parent Signature: _____

Witness: _____ **Date:** _____