Panda Pediatrics PLLC

Patient Financial Policy

In compliance with the Federal Consumer Protection Act, Panda Pediatrics wishes to notify you of our policies regarding the financial responsibilities associated with services rendered to our child.

Insurance

Co-payments and Deductible are due and payable at the time of service. As a courtesy, we will bill your insurance company, provided we have the correct billing information at the time of service. If a claim is denied because you have not provided correct and active insurance details, the charges will transfer to your responsibility. You are financially responsible for charges (Co-payments, Deductible, and Non-covered services) deemed by the insurance company to be billable to the patient. You must be familiar with your coverage and any requirements for pre-authorization, deductibles, and limitations on well child visits, lab services, immunizations, and other procedures

Cash Account

- If you are self-pay or have HSA and you are paying cash for services, you will receive a cash payment discount.
- If we are out of network for your insurance company, you are responsible for filing a claim, payment is due at time of service, you will be considered a cash account.
- If you are in network and do not provide proof of valid insurance, your account will be considered a cash account and payment in full of all charges will be required at the time of service. If you subsequently provide verifiable insurance information, and the period for billing the insurance has not expired (generally 45 days), we will bill the charges to your insurance company for you. If we receive insurance payment, we will promptly issue a refund to you of any credit on your account.
- **We do not accept personal checks.**

Billing

The billing statement you receive will show patient balances due, in addition to insurance company payments, adjustments, and pending amounts. Patient balances are due from you upon receipt of the statement.

Appointments

Please remember that your appointment time is reserved just for you. Our schedules are full each day and we must leave enough room in our schedule to bring sick children the same day. If your appointment is missed or cancelled with less than 24-hour notice, consider that another child could have been seen at that time. We reserve the right to charge a $25 cancellation or 'No Show' fee. In order to see each patient on time, your appointment may need to be rescheduled if you arrive more than 10 minutes late.

ASSIGNMENT OF BENEFITS/MEDICAL RELEASE AUTHORIZATION

I authorize the release of any medical or other information necessary to process my child's insurance claim. This includes the release of medical information to other doctors or insurance companies for referrals or continuing medical care. I authorize payment of medical benefits to Panda Pediatrics, PLLC for services rendered and agree to abide to the financial policies of Panda Pediatrics, PLLC.

_____ (Parent Signature) _____ (Date)

_____ (Parent Printed Name)