

Trinity Pediatrics P.C. Policies

Fee and Insurance Information:

All fees are payable at the time services are rendered. We accept Visa, MasterCard, and Discovery. Any past due amount will be subject to a 5% late fee. Your Medical insurance is a contract between you and your insurance carrier and the terms of the contract vary according to the terms of your policy. Some insurance companies require that you have a referral from your PCP. Patients will receive monthly bill(s) for amounts greater than \$30 that Trinity Pediatrics P.C. determines are their responsibility, after any insurance plan payments have been applied. Patients will be contacted via billing statements or phone calls during a one hundred twenty (120) day period reminding them of their bill(s). During this period, patients will be expected to pay their bill(s) in full or establish a payment plan. Trinity Pediatrics P.C. strives to assist all patients prior to enlisting the assistance of a collection agency. Patients will have one hundred twenty (120) days from the date the first billing statement is generated to pay balance or set up a payment plan.

Physician's release and assignment:

I hereby assign payment directly to Trinity Pediatrics of all benefits applicable and otherwise payable to me from my insurance carrier, HMO, or other third party payer, for services rendered by Trinity Pediatrics, P.C. I understand that I am financially responsible to Trinity Pediatrics for any and all charges that the carrier declines to pay (including but not limited to: Not a covered benefit; Disallowed by plan). I hereby authorize the release of my medical records as deemed necessary of payment of insurance benefits.

HIPAA Privacy Compliance:

Please note our HIPAA Complaint Patient Privacy Notice is available in our waiting room for everyone to review; you may request a copy for your records.

Notice of Privacy Acknowledgment: I have been offered a Copy of the *Hipaa Privacy Act*. I have understood that *Trinity Pediatrics P.C.* has the right to change its' *Hipaa Privacy Act* from time to time and that I may contact *Trinity Pediatrics* at any time to obtain a current copy.

No show/late policy

These policies are necessary in order to provide quality medical care to all our patients. It is your responsibility to update any demographic information with the front desk to ensure that you can be reached to confirm your appointment time and date.

It is the policy of *Trinity Pediatrics P.C.* that all appointments are cancelled at least 1 hour before the scheduled appointment time. No show appointments are slots that could have been given to a patient that needs services. Any appointment that is not cancelled according to this policy will be considered a no show. Upon your 3rd no show your child will be dismissed from our practice.

Due to high patient volume and the busy nature of our practice, we are strictly enforcing our late appointment policy. If you arrive 15 minutes after your appointment time, you will be asked to reschedule your appointment or place you as a walk in. We strive to work with every patient that is a part of our practice but we can no longer continue to be lenient with this policy.

I acknowledge that I have been offered a copy of the above policies.

Parent/guardian signature and date

Witness signature and date