

Coastal Kids Endocrinology & Weight Management

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Financial Policy

We believe that a good physician and patient relationship is based upon understanding and open communication and respect. We have asked our staff to make every effort to resolve any misunderstanding you have concerning your account. We desire that the sometimes-complex issue of financial arrangements is clearly understood at the outset of our relationship.

INSURANCE: We will file an insurance claim for you if we have all necessary information from you prior to the service.

Regardless of our filing a claim:

- Insurance coverage is an agreement between the insured and the insurance company. You are responsible to ensure that the insurance company pays their portion of the services and that you pay for charges not covered by the insurance.
- After filing a claim for you, if the insurance does not pay for a reason beyond our control, we will need immediate payment from you. Unfortunately, although we may attempt to help you, it is your responsibility to resolve the matter with the insurance company.
- Self-pay options are available.

PAYMENT ARRANGEMENTS:

- To reduce costs and treat everyone fairly, we need payment today.
- All patient amounts (e.g. co-pays, deductibles, co-insurance, personal pay, deposits) must be collected at the beginning of the visit. You agree you are responsible for payment regardless of insurance coverage.
- If you are not prepared to make payment, we ask you to discuss this with us before the visit so that we may, at our option, reschedule you.
- Failure to pay may force us to: refer your account to our collection agency; take other reasonable lawful remedies to secure payment for services and collection costs; and terminate our relationship. We may charge interest and charge a collection agency fee if not paid.
- We may charge for the completion of detailed forms. We will need payment from you before providing you with the form as this work is not covered by insurance plans. We provide this information to avoid any misunderstanding or disagreement concerning payment for our services.

Our providing care is based upon your agreement and willingness to abide by this policy.

Thank you.

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