



Financial Agreement

We are privileged to have you as our patient, and if you are a new patient, please allow us to take this opportunity to welcome you to our medical practice. We are committed to provide you with the best possible care and are pleased to explain our professional fees with you at any time. Your clear understanding of our Financial Agreement is important to our professional relationship. Please ask if you have any questions about our fees, financial policy, or your financial responsibility.

INSURANCE AND PAYMENT POLICIES

Private Insurance Authorization for Assignment of Benefits/Information Release : I, the undersigned, authorize payment to medical benefits to Flatiron Pediatrics for any services furnished. I understand that I am financially responsible for any amount not covered by my health insurance contract. I also authorize any holder of medical information about my child be released to my insurance company (or their agent) concerning healthcare, advice, treatment.

CO-PAYMENTS- By law we MUST collect your carrier's designated co-pay. This payment is expected at the time of service. Please be prepared to pay the co-pay at each visit.

SICK COMPLAINTS AT A WELL CHILD CHECK-UP- Please note that your insurance covers preventative care as a bundled service. If you present to a scheduled check-up and your child is sick, or you'd like to address a chronic issue, we are obligated to file a separate visit code with your insurance plan — just as we would if you brought your child in for that complaint on any other day. As such, your regular copay, deductible, and/or co-insurance amounts will apply and payment will be expected at the time of service.

OUT OF NETWORK PLANS- Since we do not participate with your plan, payment is expected at the time of service, before your visit.

MISSED APPOINTMENT FEE/NO SHOW- Life happens and we understand that sometimes you may need to reschedule a visit. We kindly ask that you provide us with 24 hours' notice, otherwise we will need to bill you a \$75 missed appointment fee.

SCHOOL, CAMP, ATHLETIC FORMS- There is a \$25 charge for all forms, payable at time of request. Please allow 5-7 business days for processing. EXPEDITED FORM FEE \$40 , done within 24-48 hours.

RECORD RELEASE FEE - We charge a fee to cover labor cost associated with copying/printing records. The fee is \$0.75, as per page per New York State regulations. Please allow up to 30 days for us to prepare your records.

FLATIRON PEDIATRICS

PORT WASHINGTON

IN OFFICE LABS AND FEES: Often, patients want to know as soon as possible if their child has the flu, strep, mono, cbc etc. We can effectively and efficiently determine that by performing in-office testing. Many insurers do not pay for in-office testing because they have contracts with external labs to provide these services. Fees for these In-Office lab tests are as follows:

CBC \$35
Rapid Strep \$30
Throat Culture \$40
Mono spot \$35
Rapid Flu \$40

AFTER HOUR MEDICAL CONSULTATION: Please call the main office number to be connected to the answering service. Your call will then be forwarded to the physician on call, or the Pediatric Nurse Triage call center. The triage nurses are capable of responding to 90-95% of concerns, and there is also a doctor on call as back-up if the need arises. Due to increased cost of managing after hour care, each call will incur a \$20 service charge.

We accept **CREDIT CARDS (MASTERCARD, VISA, or DISCOVER), CASH OR CHECKS.**

Please see the Credit Card Authorization Form to leave a credit card on file.

THANK YOU for taking the time to review our policies. Please feel free to ask any questions or share any special concerns.

I, _____ hereby attest that I fully understand my financial responsibility.

Parent's Signature, if patient is a Minor _____

Patient's Name _____

Patient's Date Of Birth: _____