

GLENBROOK PEDIATRICS - FINANCIAL POLICY

Thank you for choosing Glenbrook Pediatrics, S.C. (GBP) for your child's health care. We are committed to having a successful physician/patient relationship and providing quality care for your children. In order to reduce potential misunderstandings, our office has adopted the following financial policy and we ask that you please review and sign this agreement.

Parent/Patient Responsibilities:

- **Bring your current health insurance card to each visit.** Please notify us of changes in your insurance or personal information (address, phone #, etc.). Balances due to incorrect or outdated information, terminated coverage, or failure to respond to an insurance inquiry, become patient responsibility.
 - **Prior to receiving services at Glenbrook Pediatrics please verify that our physicians are participants in your plan.** We will not deny care to any patient due to uncertainty of coverage, but understand that you are responsible for any and all charges incurred if we are not participants in your plan.
 - **Understand your benefits and know your out-of-pocket expenses,** patients are financially responsible for any and all balances designated: co-payments, co-insurance or deductible, over maximum benefits limits or policy exclusions such as non-covered services and out of network charges. **These balances are not discountable.**
 - **Co-pays must be paid at the time of service.** Payment for any cleared balances is due at this time as well.
 - **If you do not have insurance coverage:** Payment in full is due at the time of service. A 15% discount will be offered on most services.
 - **Secondary Insurance:** GBP files to primary insurance only.
 - **Auto Accident:** Glenbrook Pediatrics will not bill auto insurance. Payment is due at the time of service. We will provide the paperwork needed to submit the claim to your auto insurance for reimbursement.
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General Billing & Additional Fees:

Office Services: Glenbrook Pediatrics bills for all services provided, lab work done & supplies used for your child's care.

- Add-on patients who are not scheduled (i.e. siblings of a scheduled patient) that the physician is asked to examine.
- Children scheduled for well care visits that have additional issues treated during the visit (i.e. wart removal, illness symptoms etc.) will be charged for both a well and sick visit. Most, but not all insurances will cover both charges.

Appointments:

- **Evening (5:45pm to 8:00pm) & weekend appointments — Urgent appointments – After Hours Appointments:** There are additional charges for appointments made for these times which most, but not all, insurances cover. Any amount not covered by insurance is deemed patient responsibility.
- **Missed Appointments:** There is no charge for the first two missed appointments. If more appointments are missed, a fee of \$25.00 will be added to the account. Glenbrook Pediatrics requires a 1 hour cancellation notice prior to the scheduled appointment. This affords us an opportunity to offer the appointment time to another patient.

Administrative fees:

- **Physician Letters/Coordination of Care:** Glenbrook Pediatrics reserves the right to charge for extensive phone calls, reporting, consultations and coordination of care with other providers done on your child's behalf. Letter writing requiring a physician to review records and to discuss with specialists and /or parents is \$43.00 and will be billed to your insurance. If your insurance does not cover these services, you will be responsible for the charge.
- **Forms:** Glenbrook Pediatrics charges a fee for the completion of any school or academic related form or sports, camp, Family Medical leave or travel forms that require documentation. These fees are not billable to insurance and are due at time of request. Charges are \$10.00 per form, with a maximum charge per family of \$60.00 per year.
- **Returned Checks:** A \$35.00 fee is assessed for all returned checks.
- **Books, splints, equipment rentals etc.** These fees are not billable to insurance and are due at time of request.

Payment Policies

Payments Due: The balance on your statement is due and payable when the statement is received.

Past Due Accounts: Balances are considered past due if no payment is received within 30 days of the statement date.

- Unless a formal payment plan has been arranged with Glenbrook pediatrics, accounts with balances older than 90 days will be referred to a professional credit agency for debt recovery and reporting.

Collection Accounts:

- If it becomes necessary to refer your account to a collection agency, the full collection fee, of up to 50% of the balance owed, and any court and attorney fees will be added to the balance due for the patient account. **Accounts in collections may have their visits limited to sick only.**
- **Accounts with continual past due balances of over 75 days, accounts that have been or are currently in collections, or who have filed for bankruptcy, may be required to keep a current credit or debit card on file. As a courtesy, we will bill insurance first and send a statement for any balance due after the insurance response. If no payment is received within 30 days of that statement, we will automatically bill the card on file for the balance.**

Divorce/Separation/Custody Agreement: GBP ultimately holds both parents responsible for payment. In the event the account is referred to a collection agency, both parent's names and information will be submitted. A divorce decree is a document that involves you, your ex-spouse and the courts. Although a divorce decree may state that an ex-spouse is responsible for medical bills, GBP has no authority to enforce compliance or to act as a mediator between the parties.

Please understand that these policies and fees are subject to change and all changes will be posted in our front desk reception area becoming effective at the time of posting. By signing below you are consenting to accept and abide by any posted changes as well.

I have read, understand and agree to all statements listed above and on the previous page. By signing this agreement, I agree to all terms and conditions contained herein and understand that the agreement will be in full force and effect as of the date signed. I also authorize all insurance benefits to be paid directly to Glenbrook Pediatrics, S.C. for services rendered and authorize Glenbrook Pediatrics, S.C. to release information to my insurance company when requested.

Name of Responsible Party (Please Print)

Child's Name: _____

Signature of Responsible Party

Child's Name: _____

Date

Child's Name: _____

Account # _____

Child's Name: _____

Child's Name: _____

Child's Name: _____