



## **Caring Pediatrics Associates**

37 Meridian Road  
Levittown, NY 11756  
Office 516-796-4433

### **Our Financial Policy**

#### **Welcome to Caring Pediatric Associates**

We are committed to provide you with the best possible care and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees, our financial policy or your financial responsibility.

- **Co-payment:** By law we must collect your carrier designated co-pay at the time of service. If we have to bill you for a co-pay \$10.00 charge fee will be applied, in addition to your co-pay.
- **Non- Co-pay Plans:** If your plan does not require co-pay and we participate, we will accept your designated fee. You are responsible for any deductible and or Co-Ins balance that your plan indicated on their explanation of medical benefits.
- **No-Fault:** If you come to the practice as a No-Fault patient you are responsible for all ins. Information policy ID# and Ins. Address. In the event your No-Fault carrier denies your claim you are responsible for the service.
- **Any Changes:** It is the patient's responsibility to notify the office of any changes with Insurance information, home address, telephone numbers etc.
- **Referrals:** If your plan requires a referral to see a specialist it is your responsibility to call our office and obtain a referral, within a 48 hr notice, prior to your appointment and have it with you at the time of your visit. If you do not obtain a referral it will be your responsibility when you receive a statement for payment of the full amount from the specialist.
- **Payment Types:** We accept cash and checks. **Credit Cards coming soon.** There will be a \$20.00 fee for any checks that are returned.

**Responsible Party Signature X** \_\_\_\_\_ **Date:** \_\_\_\_\_