

East Milton Pediatric Assoc., Inc.

Patient Financial Agreement

Thank you for choosing East Milton Pediatrics as your child's Primary Care provider. We are committed to providing you with quality and affordable health care. We ask all patients to review and sign this policy. A copy will be provided to each patient upon request.

1. Insurance: We accept and participate in most major insurance plans. If your insurance is not a plan we participate in, or if you are uninsured, payment in full is expected at each visit. Knowing your insurance benefits is your responsibility. Please contact your insurer with any questions you may have regarding your coverage. For example, annual well visits, participating laboratories, specialist referrals, designation of a PCP.
2. Patient Payments: All co-payments are to be paid at the time of service. Generally, no co-payment is due for Well Visits. However, please be aware that if issues are addressed that are beyond the clinical realm of the Well Visit, a co-payment or deductible may be incurred. This arrangement is part of your contract with your insurance company.
3. Claims: We submit insurance claims but you will be billed for any insurance balances or deductibles. The balance of your claims is your responsibility whether the insurance company pays or not.
4. Messaging: Phone calls and MyChart responses requiring the clinical time and expertise of your provider may be billed to your insurance. This includes calls and messages received during the workday and after hours. Based on your insurance company's guidelines, this may involve a co-pay or co-insurance. Contacting us in this way is considered an agreement to these conditions.
5. Registration: All patients must provide correct insurance information, copy of insurance card, along with information on the responsible party for financial claims. (Guarantor) It is your responsibility to notify us of any insurance changes within a timely manner. Most insurance companies have a time filing restriction, if a claim is not paid within a certain amount of time from the date of service, this claim can be rendered ineligible for payment and you will be responsible for the total balance.
6. Collections: If your account remains unpaid and is more than 90 days past due, it may be sent to a collection agency. However, we try very hard to work with our patients if there is a financial burden and we are happy to establish a payment plan.
7. We accept cash, check, Visa or Mastercard. Payments may be made directly to our office or thru the MyChart portal.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns. Our billing company is:

A-STAT Medical Billing Management
P.O. Box 2466
298 Armistice Blvd
Pawtucket, RI 02861
(401) 723-5533

I have read and understand the financial policy and agree to abide by its guidelines.

Signature of Patient or Responsible Party

Date