



FINANCIAL POLICY

We are happy that you selected PedPost Urgent Care Center for your healthcare needs and look forward to providing you with excellent service in care.

To help you understand your payment responsibilities in relation to your medical care, we would like to briefly outline our financial policy.

We accept most forms of insurances with the exception of Medicaid and Medicare

We will bill your insurance carrier as a courtesy to you

Patients are expected to provide identification and if insured, a current insurance card(s) at time of service. Patients are financially responsible for all services provided and are expected to pay for services at time of service, including any past due balance from a prior date of service. If the patient is a minor child, the parent or other adult accompanying the child will be financially responsible regardless of legal guardianship.

Patients, parents of patients or legal guardians and non-legal accompanying adults are responsible for the following (when applicable):

- Annual deductibles and co-insurances
- All applicable co-pays of the allowed charge
- Any non-covered services
- Any covered service ordered by the physician which does not meet medical insurance's medical necessity and for which the beneficiary signed an Advanced Beneficiary Notice (ABN).

Secondary Insurances: The Practice will bill secondary insurances in accordance with its contractual agreement with your medical insurance or workers compensation insurances policies.

Medicaid: WE DO NOT ACCEPT MEDICAID. Medicaid will not be considered a secondary insurance under any circumstances and as such, Medicaid recipients with or without a secondary or tertiary medical insurance will be billed as self-pay. Services provided to Medicaid Patients with a commercial or other non-Medicaid secondary insurance will be billed to the commercial insurance as the primary insurance and to the patient as self-pay for any outstanding non-covered balances unpaid by their commercial insurance. In the event patient has a tertiary insurance under this scenario, the tertiary insurance will be billed as a secondary insurance but the patient, its legal guardian, parents or non-legal accompanying adults will be billed for any unpaid outstanding balance.

HMOs and PPOs, Commercial Insurance Plans: Patients are responsible for payment of the co-pay, coinsurance and/or deductible, or non-covered amounts at the time of service as well as for any charges

for which the patient failed to secure prior authorization, if authorization is necessary. Insurance is filed as a courtesy and benefits are authorized to be paid directly to the Practice. Patients are responsible for the balance in full if not paid by the insurance within 30 days. If the patient is not prepared to pay the co-pay or deductible, a member of the clinical staff will determine if it is medically necessary for the patient to see the physician. If the patient's condition allows, the appointment will be rescheduled.

Self-Pay: Patients are responsible for payment in full at the time of services for all services rendered.

Worker's Compensation: Employer authorization must be obtained before treatment is rendered or the patient will be responsible for payment in full at the time of services for all services rendered. Once authorized, patients are not responsible for any charges unless the workers compensation case is dismissed or denied.

Personal Injury/Motor Vehicle Accidents and Other Third Party Liability: The patient is responsible for the balance in full at the time of service. We will submit the bill to your insurance carrier. Any settlement you receive from your insurance company or other third party will be handled by you, your insurance company, and/or your attorney.

Out of State Insurance: If the patient presents with an out of state HMO/PPO insurance card, we will need to verify the patient's benefits for out-of-state or out-of-network benefits. The patient may be required to make payment in full or pay any co-pay, co-insurance or deductible.

Refunds: In accordance with your insurance contract, we do not refund insurance reimbursements to you for any charges applicable to the cost of providing you healthcare where your insurance paid for the services rendered. In the event you are disputing charges, paid by your insurance carrier to our office, it is your responsibility to contact them directly. Your insurance carrier will notify you as to what actions they are taking and if you paid for services that was covered by insurance, your insurance carrier will refund you the portion that is owed to you.

Signature _____ Date _____

Name of Patient/Legal Guardian/Parent/Non-legal Accompanying Adult _____

For questions about our financial policy, contact:

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