PEDIATRIC & MEDICAL ASSOCIATES, P.C.

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Billing policy effective 1/1/2014

The Health Insurance Marketplace is designed to make buying health coverage easier and more affordable. Starting in 2014, the Marketplace will allow individuals and small businesses to compare health plans, get answers to insurance questions, get coverage for yourself and your family, and have access to affordable care.

With the changing atmosphere in the insurance world, Pediatric and Medical Associates finds it necessary to make sure our patients are aware of how we will be handling your claims moving forward. Below is a brief summary of our billing policies please read thru them carefully and contact our billing office with any questions you may have.

We file claims to your insurance company as a courtesy; however you are ultimately responsible for charges for any services not covered by your insurance.

It is your responsibility to:

- Bring a valid insurance card to each visit.
- We require all primary and secondary insurances be reported to our office so that we can bill them accordingly
- Contact your insurance company to confirm availability of coverage for services rendered prior to the visit.
- Pay your co-pay and/or previously incurred balance at each visit.

Our Billing staff is not authorized to confirm specific policy provisions with your insurance carrier. When coverage issues arise, it is your responsibility to discuss with your insurance.

Please be aware of additional office fees that are ultimately your responsibility:

- $5.00 billing fee for any co-pays not paid at the time of visit
- $40.00 missed appointment fee or for appointments cancelled with less than 24 hours notice.

Under the new healthcare exchange, plan members who do not pay their premiums, do not pay on time, or have some other lapse in coverage, will receive a bill for any outstanding claims they have. Regardless of your re-enrollment status, payment for services rendered is due upon receipt.

Our office does offer discounts to our self-pay patients when paying in full at the time of visit. If you need assistance in setting up a payment plan you may also contact our Billing office.

Please sign and date below acknowledging your receipt of this policy. If you would like a copy of this policy, please let the front desk know.

I the undersigned give my authorization to treat and assign directly to Pediatric and Medical Associates, PC (PMA) al medical benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for the payment of any deductible amounts, coinsurances, or other expenses not paid by my insurance, as well as any administrative costs such as missed appointments, rebilling fees, and expenses incurred in attempting to collect balances not paid at the time of service. I understand payment is expected at the time of service.
I hereby authorize PMA to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions.

Signature **X** **Print Name**	Date	**Pediatric and Medical Associates, PC**

Patient Name_____

REV.05/05/14