



JONESBORO PEDIATRICS

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Patient Financial Policy

Thank you for selecting our practice as your healthcare provider. We are committed to providing you with compassionate and quality medical care. Please understand that payment is expected for services rendered. The following is a statement of our financial policy. Please read, sign and date this policy prior to treatment.

Co-payments, deductibles and all non-covered procedures are due in full at time of service. Without a proof of insurance coverage, payment in full for all services provided is required.

Insurance

It is your responsibility to provide our practice with the accurate and updated medical insurance information that should be used to cover services rendered each visit. Please disclose any secondary insurance information if you are covered under more than one insurance plan or any changes in your coverage. Failure to do so may result in you being responsible for the balance on your account.

Your insurance policy is a contract between you and your insurance carrier. You are responsible to verify benefits with your insurance company prior to your appointment. Therefore, if certain procedures are not covered, you will be required to sign a waiver indicating that you understand that your policy does not cover this service and you will be responsible for the charges associated with this service. Many insurance plans require you go to specific labs, x-ray facilities, pharmacies, etc.

Should your insurance company fail to pay the insurance claim for services rendered by Jonesboro Pediatrics, LLC, you may be responsible for the entire charges submitted to the insurance carrier. Therefore, we recommend that you follow-up with the insurance carrier if your claim has not been paid within 30 days from the date the claim was submitted.

Co-insurance and any balances that remain the responsibility of the patient, according to the insurance carrier terms, should be remitted to the practice upon notice of balance due. **Failure to remit payment may result in your patient account being turned over to an outside collection agency. Any accounts turned over to an outside collection agency will incur a 30% collection agency fees and these fees will become the responsibility of the patient.**

If you have any questions regarding your bill or wish to set up payment arrangements, contact our billing office at 770-716-6203.

Non-Insured Patients

Patients that are not covered by an insurance plan are responsible to pay in full for services rendered at the time of service. **Failure to remit payment may result in your account being turned over to an outside collection agency. Any accounts turned over to an outside collection agency will incur a 30% collection agency fee and this fee will become the responsibility of the patient.**

Missed Appointments

Please help us serve you better by keeping scheduled appointments. In the event you are unable to keep your appointment, please kindly give a 24 hour notice. Failing to provide notice of cancellation for two or more consecutive visits, may result in a \$25.00 missed appointment charge. This charge is the responsibility of the patient and it is not covered by most insurance carriers.

Forms

Disability, Life Insurance and other forms are often requested to be completed by the practice. Many of the forms require review by the physicians and completion of detailed medical history questionnaires. Please allow 3-5 days for completion of any requested forms. The charge for this service varies depending on the time needed to review and fill out the form. Please ask our staff for our most updated fee schedule. This charge is payable upon submission of the forms, therefore forms will not be completed unless pre-payment is collected. Charges for forms are non-refundable.

For your convenience, our practice accepts Visa, MasterCard, Discover, Cash and Personal Checks.

Never ignore a bill simply because you feel it is not your obligation or you think your insurance company should pay it. We only transfer responsibility to you after we have had a response from your insurance carrier. If you have any questions about your claim coverage, you should contact your insurance company. If you have questions regarding your bill or wish to set up payment arrangements, please call our office at 770-716-6203.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

I have read and agree to abide by the financial policy of Jonesboro Pediatrics, LLC

Signature: _____ Date: _____