

LAKESIDE PEDIATRIC AND ADOLESCENT MEDICINE PAYMENT POLICY

Thank you for choosing Lakeside Pediatric and Adolescent Medicine as your child's health care providers. We are committed to providing you with quality and affordable health care. With every commitment there is also an obligation. It is the patient's responsibility to meet their financial obligation.

We see patients from many different insurance plans and it is impossible for us to know all the covered benefits, co-payments and deductibles for each individual plan. While it is our intention to assist you, it is your responsibility to ensure that all services rendered by Lakeside Pediatric and Adolescent Medicine are paid in full.

If we are contracted with your insurance company we will bill your insurance claims for you. Co-payments are due at the time of service for each visit; this is required by your insurance company. There also may be a balance after the insurance payment for unknown deductibles, non-covered, partially covered services or a change in your co-payment amount. If the balance is not paid within 30 days from receipt of your first statement you will be subject to a \$10 processing fee unless other payment arrangements have been made with our billing department. You may reach them at (208) 292-5437, option 4.

If Lakeside Pediatric and Adolescent Medicine is **not** contracted with your insurance company, as a courtesy we will bill your insurance claims for you. If your insurance company has not paid for the services within 30 days you will be responsible for paying the balance in full. If the balance is not paid within 30 days from receipt of your first statement you will be subject to a \$10 processing fee unless other payment arrangements have been made with our billing department. If your insurance company pays us directly, we will promptly refund any over payment to you.

If you do not have health insurance, payment in full is expected at the time of service. A ten percent discount will be granted if we receive payment in full at the time of service. We feel that bringing your children to their recommended wellness examinations is a vital part of their health care.

We understand that circumstances may occasionally arise causing you to cancel or reschedule your appointment. If you need to cancel or reschedule your appointment we would appreciate at least a **24 hour notice** so we may schedule another patient in your time slot. There will be a \$25 fee for missed or "no showed" appointments. As a courtesy the \$25 charge for the first missed or "no showed" appointment will be waived as we are aware there may be times when it isn't an intentional action on your part to miss an appointment. However, if you have more than one missed or "no showed" appointment, the \$25 fee for the second and subsequent missed appointments will be applied to your account. This fee is not covered by insurance companies and should be paid prior to any future appointments.

If a patient has three missed or "no showed" appointments within a six month period, they may be dismissed from the practice.

We understand that your time is as valuable as ours. We ask that you check in 10 minutes prior to your appointment time. Our staff uses this time to update your demographic information, verify insurance and collect co-payments so you will be ready for your appointment at the scheduled time.

If you are 10 minutes or more late for your scheduled appointment we will have to reschedule the appointment and this will be considered a missed or “no showed” appointment.

The providers and staff at Lakeside Pediatric and Adolescent Medicine look forward to providing your health care for many years. If you have any questions or comments please feel free to contact us by phone at (208) 292-5437.

My signature below verifies that I have read and understand the payment policy. I understand that regardless of insurance coverage I am responsible for payment on my account.

List all family members that are patients at Lakeside Pediatric and Adolescent Medicine

Parent’s Signature

Responsible Party’s Signature

Date