

Financial Policy Acknowledgment

All payments are due at the time of service, no exceptions. If we are providers for your insurance, we will bill your insurance and collect only the patient responsibility amount at the time of service. IT IS YOUR RESPONSIBILITY TO INFORM US OF ANY CHANGES WITH YOUR INSURANCE. Many insurance plans have “timely filing deadlines”. If we are not provided with the accurate information at the time of service, you may be responsible for payment in full for all services rendered. _____ (initial)
WUCA - Nash Pediatrics, LLC has preferred contracts with several major insurance companies. Please contact your insurance company to determine if our practice is “IN NETWORK” with your insurance plan. Any financial portion that is “member responsibility”, such as co-pay, deductible, co-insurance or a non-covered percentage or procedure will be collected **at the time of service**. _____ (initial).

If, for any reason, it is not collected at the time of service, a billing statement will be mailed to you, payment is due within 21 days of billing cycle. _____ (initial).

Remember, your insurance coverage is a contract between you and your insurance. WUCA - Nash Pediatrics, LLC is not responsible for services denied by your insurance company. _____ (initial)

It is your responsibility to know your insurance benefits and coverage. _____ (initial)

Insurance: We accept payment from a qualified insurance plan. “Qualified Insurance Plan” means that you have documentation (current insurance card or faxed verification from the insurance company) of the child’s insurance coverage for the services covered. It is your responsibility to have the insurance card present at the time of service. _____ (initial)

Insurance copays must be paid at the time of service. _____ (initial)

If you do not have verification of insurance you may: pay at the time of service and/or reschedule the appointment. _____ (initial)

Medicaid: We accept the Traditional Missouri State Medicaid program known as MO HealthNet and are in the following MO Health Net Managed Care Plans: Home State Health Plan, Aetna Better Health of Missouri and Missouri Care Health Plan. Currently our panel is only open for new patients age birth to 1 year of age. For newborns, if you do not have the baby’s Medicaid information available at the time of the first exam, we will hold the charge for 30 days to allow for the Medicaid number to be assigned. If you do not provide us with the Medicaid billing information within the 30 days, the account will be changed to “Self Pay- No Insurance”, at that point you will be required to make all payments. _____ (initial)

If your child is currently a patient please be advised that your child must be assigned to one of our providers. It is your responsibility to know your child’s Medicaid eligibility. _____ (initial)

Primary/Secondary Insurance: It is your responsibility to know whether your child has a primary or secondary insurance plan. _____ (initial)

It is your responsibility to keep your Coverage Of Benefits updated with your insurance carrier and if your insurance plan denies payment for services because the COB has not been updated you are responsible to remit payment for charges within a 21 day billing cycle. _____ (initial)

Divorce Decree: We are not party to your divorce decree. The responsibility for payment and the presentation of active insurance cards at the time of service is the responsibility of the accompanying adult. _____ (initial)

Payments: We accept cash, debit cards, Visa, MasterCard, Discover, American Express, personal checks, and money orders, we do not accept business checks or starter checks. Any outstanding balances are due within 30 days of receiving a billing statement. If you are experiencing circumstances outside of your control, please call our office and we will be more than happy to set up payment arrangements with you.

Collection Agency: All balances reaching 90 days past due will be sent to collections with an additional 25% collection fee added to the total balance. _____ (initial)

Missed Appointments: We understand that there will be times when a scheduled appointment cannot be kept. If you need to cancel or reschedule an appointment, we request that you call our office 24 hours in advance. Reminder calls are not a guarantee, it is your responsibility to keep up with your child’s appointments. _____ (initial)

I authorize medical care and accept financial responsibility for my children, step-children, and/or the child(ren) I am accompanying. I am responsible for all fees and will assure the charges are paid in a reasonable time. I have read all the above terms and hereby assume responsibility for following the terms listed above. I also understand that the terms of these financial policies may be amended by the practice at any time without prior notification.

Parent/Guardian/Personal Representative: _____ Date: _____

Patient Name: _____ DOB: _____