



## Office Policy & Financial Policy Form

Thank you for choosing Thrive Pediatrics as your health care provider. Our staff and physicians are committed to providing you the best service we can. The following is a statement of our office policy and financial policy which we request you read and sign.

All patients are required to complete our registration forms, provide us with a valid medical insurance card and a photo ID, as well as new insurance cards as they become available.

Co-pays and payment for services are due at the time services are rendered. For your convenience, we accept cash, checks, and major credit cards. You may also use our Healow app and pay your bill online.

If you have insurance, we will help you receive your maximum allowable benefits; however, you remain responsible for your co-pay and for the payment if your claim is rejected. Sixty (60) days from the date of service is a reasonable amount of time for the insurance company to make a decision as to whether they will pay any of your bills. You will be responsible for the entire bill that has not been paid within the sixty (60) day period. Deductibles applied by your insurance, not covered by another insurance, will also be your responsibility. Please be aware that some services provided may not be covered and may not be considered medically necessary, under Medicare and other insurance plans. Patients will be responsible for payment in full at the time of visit unless a valid insurance is presented.

Returned checks will be charged a twenty-five-dollar (\$25.00) handling fee. Balances over thirty (30) days will be subject to a handling charge of five dollars (\$5.00).

Some visits are performed by the nursing staff, without seeing a doctor, are considered an office visit and fees will be charged accordingly.

There is a fee for copied medical records. We will notify you of the records fee and will require payment in full prior to the release of records. We require at least 5-10 business days to receive records and make copies.

We ask 48-72 hours to process prescription requests and prescription refills.

Should you arrive late to your appointment, you may be asked to reschedule or you may have to wait to be seen between or after other patients who have arrived on time.

Unless canceled at least 24 hours in advance, we reserve the right to charge a No Show/Late cancellation fee of up to \$50.00. Please help us better serve you better by keeping your scheduled appointments.

I, \_\_\_\_\_ have read, understand and agree to the office policy of Thrive Pediatrics.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Office Staff

\_\_\_\_\_  
Date

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_