



Office Policy & Financial Policy Form

Thank you for choosing Thrive Pediatrics as your healthcare 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.

Please note that your insurance company will allow up to 30 days to enroll your newborn to your insurance policy. Our office will allow up to 60 days to hold the insurance claims for your newborn. After the 60 days, we will be unable to see your child until he/she has been added to insurance. However, we can offer you self-pay rates until your child has been added to the new insurance policy.

If your insurance rejects the claim for missed enrollment or for any other reasons, you are financially responsible for the charges not covered by your insurance. We strongly advise you to enroll your newborn as soon as they are born and inform our office with the insurance policy information.

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 of Legal Guardian

Date

Signature of Office Staff

Date

Patient Name _____

Date of Birth _____