FONSECA Pediatrics

FINANCIAL POLICY

Thank you for choosing FONSECA PEDIATRICS, LLC as the primary care office for your children. Our mission is to provide the best quality care for your children's needs. The following information is regarding our FINANCIAL POLICY; before your first visit, we ask you to read this policy and sign at the bottom to confirm, and please feel free to ask us if you have any questions.

Our practice:

1. We are asking for the primary insurance card information as well as any secondary insurance if available.
2. We will give you a payment receipt in case of any payments you make today (copays, etc.)
3. We do not accept checks or money orders; however, we accept all major credit cards.
4. We can establish a payment plan if is needed.
5. We will help you resolve any payment problem or questions within 60 days.
6. we may charge an extra cost for appointments dona after hours or holidays if needed.

Your responsibilities as a patient are the following:

1. Complete our registration form and provide the correct insurance information before the patient is seen.
2. Notify us of any changes regarding insurance information, address and phone numbers.
3. Copays will be collected at check in.
4. Pay any balance that is denied by your insurance within 60 days.
5. Call your insurance when a payment has been denied. Denied payments by your insurance does not eliminate your payment responsibility for services provided.
6. Be responsible for any co-payments and deductibles not covered by your insurance.
7. Authorize Fonseca Pediatrics, LLC to provide any information required by your insurance company.
8. Inform us in case you need to reschedule or cancel an appointment within 24 hours prior to the appointment time. There will be a $25 fee for NO SHOW APPOINTMENT.
9. If your insurance is through Medicaid, it is important that you call and assign Fonseca Pediatrics, LLC (Ramon Fonseca, MD) as the primary care provider prior to each appointment. If you wait until the day of the appointment there is a chance you may need to reschedule or cancel that appointment.

Name of Father, Mother, or legal guardian:_____

Signature of Father, Mother, or legal guardian:_____

Date:_____