

GREENWICH PEDIATRIC ASSOCIATES, L.L.C.

8 West End Avenue
Old Greenwich, CT. 06870
(203) 637-3212

FINANCIAL POLICY

1. Patients are expected to pay for medical care at the time of an office visit. Personal check, cash, Master Card or Visa are acceptable forms of payment.
2. Payments for unpaid medical care are due within thirty (30) days of receipt of our statement for services.
3. Families joining a managed care plan for the first time or a new managed care plan are responsible for all prior balances, all charges not covered by the plan, and all charges after termination/change from their current plan or for all private balances.
4. With the sole exception of contractual managed care patients, payment of medical bills are the responsibility of the subscriber, not the insurance carrier. We will make every effort to aid you in settling claims with your insurance carrier. However, insurance payments are meant to *reimburse* patients for fees, which have previously been paid to the physicians.
5. Should families experience financial difficulties, patients may make special arrangements with this office for timed partial payments of larger medical bills. Please inquire for further details.
6. We bill monthly for unpaid balances. If **any portion** of a bill has been outstanding **greater than ninety (90) days**, patients will receive a certified letter of notification. Upon this notification, *the entire balance will be due within ten (10) days of receipt of the notification* unless prior arrangements are in place and the payment schedule is being followed.
7. Should patients fail to pay the full outstanding balance within ten (10) days of notification, we will forward the account to a national collection agency. **Accounts forwarded for collection will be placed in our inactive file, and patients will be notified of the discontinuation of Greenwich Pediatric Associates' services.** It is strongly recommended that families make alternate plans to ensure there is no lapse in medical coverage for their child(ren). We will continue to provide emergency care through the *walk in facility on a cash only basis* for the statutory thirty (30) day period.

8. The physicians and staff members at our office are available to our patients and their families to discuss both medical and personal problems. We hope that these services will be utilized whenever help is needed.
9. We will bill for the following fees/services in addition to patient charges:
 - Camp forms, non - state of Connecticut mandated physical forms, all pre school and child care forms (one annually); and all sports forms
 - Checks returned by the bank for any/all reasons
 - Patient charts retrieved from off site storage facility
 - Copying patient charts for any/all reasons (except for transfers out of the practice (one time only))
 - Pre-natal visits
 - Appointments that are not cancelled 24 hours in advance
 - There will be a \$25.00 fee assessed for all co-pays not paid at time of service unless payment is received in office within 24 hours of the visit.

Please contact the Office Manager with questions regarding the financial policy.