

John C. Gaudio, MD

John P. Rogers, MD

Michael W. Harris, MD

Azra M. Sehic, MD

Jeffery R. Kile, MD

Kathy Lloyd, LPN, RLC, CIMI, IBCLC

# Pediatric Associates of Kingston, LLC

[www.kingstonpeds.com](http://www.kingstonpeds.com)

425 Tioga Ave Kingston, PA 18704 570-288-6543

---

## FINANCIAL POLICY

Thank you for choosing Pediatric Associates as your pediatrics provider. Understanding your financial responsibility is considered part of your medical management. Office visits are on a paid basis only. Payment is due at time of service. We accept cash, check, Visa, MasterCard and/or Discover. Failure to pay at time of service will result in an additional fee assessed to your account.

### COMMERCIAL PLANS:

It would be in your best interest to become familiar with your individual insurance plan. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Any balance is your responsibility whether your insurance company pays or not. We do not accept commercial insurance as means of payment for office visits and/or immunizations. It is your responsibility to submit the time of service receipt which includes all information necessary for submitting claims to your insurance for your reimbursement. All hospitalizations, including newborn care, will also be submitted to your insurance carrier as a courtesy to you.

### MANAGED CARE PLANS:

If enrolled in a managed care plan (i.e., HMO, PPO), you must receive a referral from our office before seeing a specialist. Managed care plans require patient co-pays at time of service. Patients responsible for co-pays only, as per your insurance contract (member responsibility), are required to remit payment at time of service. Failure to do so may result in the termination of your insurance coverage.

**RETURNED CHECK FEE:** A \$25.00 returned check fee will be assessed to your account for all returned checks. Our office reserves the right to determine if checks will be accepted for future visits, or if the account will be on a "Cash Basis Only".

**COLLECTION FEES:** If it becomes necessary to forward your account to a collection agency, you will be responsible for any fee(s) charged by the agency for the cost of collections.

**BILLING FEES:** A monthly billing fee will be assessed on all accounts not paid in full.

**OFFICE POLICIES:**

-Failure to Pay at Time of Service

-Failure to Keep Appointment: Missed Appointments/Late Cancellations. 24 hour cancellation notice is required. Excessive abuse of scheduled appointments may result in discharge from the practice. Our office is not required to confirm scheduled appointments.

-Walk-In Fee: Walking into the office without a scheduled appointment. Fee may be waived for urgent situations.

-Medical Records Copy/Transfer Fee; Completion of Forms/Letters (daycare, driver's license, family leave, etc.)

-48 Hour Referral Request: Referral requests require a 3-5 day notice. (Non Participating referrals require 5 business days).

-After Hours Medical Advice: An after hour medical advice fee will be added to your account. However, if call service or your physician recommend/authorize an Emergency Room visit or a next day Office Visit, depending on insurance, after hours medical advice fee(s) will be waived.

-If a visit is denied for payment due to timing of appointment scheduling, you will be responsible for any balance due that is not covered by insurance. It is the responsibility of the insured, not our office, to be familiar with their particular insurance guidelines (terms and coverage).

**Adult Patients:** Adult patients (age 18-21) are responsible for payment at time of service. An adult patient will remain under a family account until the adult patient is no longer covered by the family insurance plan. When the adult patient is self-insured or considered self-pay a new account will be established.

**Minors:** The parent/guardian or adult accompanying a minor is responsible for full payment at time of service. If the parent is unable to bring the child to the office for services, please supply the accompanying adult (grandparent, babysitter, etc.) with proper payment or credit card information.

**DIVORCED OR SEPARATED PARENTS:**

A divorce decree is a legal agreement binding only upon the two parties who made the agreement. Therefore, Pediatric Associates is not a party to that contract. Both parents remain responsible for the child's bills and that responsibility will be determined by which parent accompanies the child at the time of the visit.

**BUSINESS OFFICE:**

Please contact our business office @ (570) 288-6543 option 5 during regular office hours or visit our website @ [www.kingstonpeds.com](http://www.kingstonpeds.com) for billing and insurance related questions or concerns.

Thank you for understanding Pediatric Associates Financial Policy. Please contact us if you have any questions or concerns.