

**SOUTHSIDE PEDIATRICS INC.
7830 MCFARLAND LANE
INDIANAPOLIS, IN 46237
(317) 865-2700**

FINANCIAL POLICY

Thank you for choosing our practice. We are committed to giving your child the highest quality medical care. Please understand that payment of your bill is a part of your care. Your clear understanding of our financial policy is important to our professional relationship. Please ask our staff if you have any questions about our fees, financial policy, or your responsibility.

All patients must complete (in Full) our Patient Information Form and provide us with accurate insurance information including an insurance card at each visit before seeing the provider.

Full payment is due at time of service; we accept Cash, Checks, Master Card, Visa and American Express. There is a \$25.00 service charge for all returned checks. Patients with an outstanding balance of 60 days overdue must make arrangements for payment prior to scheduling appointments. We realize that people can have financial difficulty. Please keep us informed about these issues, so we can advise you how best to handle the situation.

INSURANCE

We bill participating insurance companies as a courtesy to you. You are expected to pay your deductible and copayments at the time of service. If we have not received payment from your insurance company within 45 days of the date of service, you will be expected to pay the balance in full. You are responsible for all charges. We bill participating secondary insurance companies only.

MEDICAID

If your child is enrolled in the Hoosier Healthwise program, we cannot see your child if they are assigned to another doctor and over 30 days of age. If the medicaid is not eligible, you must pay at the time of service.

REFERRALS

If you are enrolled in a managed care insurance plan (i.e., HMO), you must receive a referral from our office before seeing a specialist. NO retroactive referrals will be given. Please call our office before seeing the specialist to be sure referral is completed.

MISSED APPOINTMENTS/LATE CANCELLATIONS

Missed appointments make us unable to schedule other patients who need to be seen in the time set aside for you. Cancellations are required 24 hours prior to the appointment for all pre-scheduled appointments. Same day sick appointments require cancellation 1 hour prior to the appointment time. There is a \$25.00 charge for all missed and late cancelled appointments. Excessive numbers of missed appointments may result in discharge from the practice.

RESPONSIBLE PARTY

You will be responsible for your charges regardless of any divorce decree or court order regarding payment of medical bills.

MINORS NOT ACCOMPANIED BY AN ADULT

A minor child can only be seen without a parent or guardian if a financial policy and consent form is on file. NO EXCEPTIONS.

I have read and understand the Southside Pediatrics Inc. Financial Policy. I agree to assign insurance benefits to Southside Pediatrics Inc. whenever necessary. I also agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed, I also will be responsible for the fees charged by the collection agency for cost of collections.

Signature of Insured or Authorized representative:

_____ Date _____