



Financial Policy

Thank you for choosing The Pediatric Center. We are committed to providing quality medical care. Please understand that payment of your bill is considered part of your treatment and care. For your convenience, we have developed a written statement of our financial policies. If you need further information about any of these policies, please call our billing department at (337) 313-1523.

It is important for you to understand that your health insurance coverage is an agreement between you and your insurance company. Your doctor's bill for services provided is an agreement between you and your Doctor.

1. We participate with most but not all insurance companies. If you are unsure of our participation with your insurance company, please contact us to verify our participation.
2. You are responsible for providing a copy of your current insurance card at each visit so that we may accurately file your claim.
3. If we do participate with your insurance company, all services performed in our office or at the hospital will be submitted to them. Unless we receive prior notification of non-covered services. Not all services are covered by insurance or Medicaid, therefore you are responsible for these services provided.
4. You are responsible for payment of any co-pay, co-insurance or deductible at the time of service. Our office accepts Visa and MasterCard for your convenience, as well as cash or a check. A fee of \$25.00 may be imposed for any checks returned for non sufficient funds (NSF). After 1 returned check, you will be required to pay with cash or credit card only.
5. The adult accompanying the patient to a visit is responsible for payment that is due at the time of service. We will not be involved in negotiating between parents in custody cases.
6. You are responsible for providing an EOB (Explanation of Benefits) to show us the deductible has been met. Otherwise payment in full will be collected at the time of service.
7. If we perform preventive medicine services (well child visit), we must bill a physical examination even if medical problems were dealt with at the same visit. Many insurance policies do not cover physical examinations or will only pay for one per year. The parent is responsible to know the rules of their health plan as we cannot change our coding in an attempt to obtain payment.
8. An additional charge applies to evening hours, weekend services, and holidays.
9. We reserve the right to charge an additional \$25.00 charge for No Show appointments. Neither Insurance nor Medicaid will pay this charge.
10. If, after check out, we find that we made an error and did not charge you for a service, we will add these charges to your account.
11. Should we need to bill you for services performed during evening, holiday, weekend hours, or No Show charges, our office will send you a monthly statement. Any outstanding balances are due within 30 days of the statement. All balances that reach 90 days will be subject to collection procedures. Should your account be sent to collections, you will be responsible for all collection and legal fees incurred during this process. Your care through The Pediatric Center will be terminated. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we ask that you contact us promptly for assistance in the management of your account.

I authorize The Pediatric Center of Southwest Louisiana to bill any such insurer for all charges incurred in connection with the diagnosis, care, and treatment of my child(ren).

I have read the above, all questions have been answered, and I understand my financial obligation.

Patients Name _____ Date of Birth _____

Signature of Parent/Responsible Party _____ Date _____