

Pediatric Associates of Franklin, PA
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FINANCIAL AND OFFICE POLICY

Thank you for choosing Pediatric Associates of Franklin.P.A. As your health care provider, we are committed to providing the highest quality care for your children. While we are doing everything possible to hold down the cost of medical care, you can help a great deal by eliminating the need for us to bill you.

The following is a summary of our payment policy:

**** FULL PAYMENT IS EXPECTED AT THE TIME OF SERVICE ****

**** WE ACCEPT CASH, CHECK, VISA AND MASTERCARD ****

Payment is required at the time services are rendered (including co-payments) unless other arrangements have been made in advance. We file all insurances; any payment received by insurance company will be refunded within one week of receiving EOB. If your insurance company has not paid your account in full within 60 days, the balance will automatically be transferred to your personal account.

Patients with an outstanding balance of 120 days overdue must make arrangements for payment prior to scheduling appointments. Since we realize people may have financial difficulties at times, we are willing to make arrangements for monthly payments.

The adult accompanying a minor (or guardians of the minor) are responsible for full payment at the time of service.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

I have read the financial policy, and I understand and agree to this financial policy.

X _____ DATE: _____
Signature of responsible party