

## FINANCIAL RESPONSIBILITY AGREEMENT

- 1. Insurance/Self Pay.** We participate in many insurance plans, however some patients may participate in an insurance plan Inlet Pediatrics is not contracted with. In these cases as well as self pay patients, payment in full is expected at time of service. It is your responsibility to be familiar with your policy. Any issues regarding coverage should be discussed with your insurance company.
- 2. Co-Payments and Deductibles.** All co-pays and deductibles must be paid at the time of service.
- 3. Proof of Insurance.** All patients must complete our Patient Registration form before seeing a doctor. We must obtain a copy of your driver's license and current valid insurance information. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of the claim. Newborn Medicaid patients should produce proof of Medicaid coverage as soon as possible. If the child reaches 1 month of age and no proof of Medicaid is provided, the parent/legal guardian or responsible party will be responsible for the entire bill.
- 4. Claims Submission.** Inlet Pediatrics typically submits your claims to your insurance company for you. Your insurance company may require additional information directly from you. It is important to promptly respond to their requests. The balance of your claim and bill is ultimately your responsibility whether or not your insurance company pays your claim. If a claim remains unpaid for 45 days, the balance is automatically billed to you.
- 5. Non-Payment.** We expect your bill and any balance due to Inlet Pediatrics be paid promptly. Balances over 90 days old will incur finance charges every month. We reserve the right to postpone treatment until your account is made current and we also reserve the right to dismiss your child from our practice for outstanding balances.
- 6. Patient Balance.** Inlet Pediatrics caps patient balances at \$250. While we expect all accounts to be current, we do realize the financial hardships that medical bills can carry. A patient will not be seen with a balance over \$250. Should your child need to be seen at our facility, you will be required to pay your balance down to at least \$250 before a visit takes place.
- 7. Service Fees.** You will be assessed a \$20 service fee on all returned checks due to Insufficient Funds in addition to the amount of the actual check. If your account becomes delinquent, the guarantor is responsible for any collection fees, interest, or attorney fees.

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Signature of Parent, Legal Guardian, or Responsible Person

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Date