



Insurance and Finance Policy

Your Responsibility with Your Insurance Carrier

We participate with many health insurance companies. Each of these companies offer many different types of plans and we cannot predict or guarantee what part of our services will or will not be covered. Although we make every attempt to understand your policy, your policy is a contract between you and your insurance company and it is your responsibility to understand all benefits and coverage information prior to having services rendered. If you fail to notify us of changes to your insurance and services are deemed non-covered as a result of non-disclosure, you will be responsible for charges.

Initial: _____

Proof of Insurance

Proof of insurance must be shown at check-in at every visit. Without proof of insurance, you may be charged for the visit in full.

Initial: _____

Newborn Insurance Procedures

Notify your insurance carrier, within 30 days, of your baby's arrival and that you have selected Dr. Bergman or Dr. Hlobik as your child's PCP (primary care physician) to ensure coverage for health care costs. Confirm we are in-network and that the eligible date begins on your baby's date of birth. Some policies will not cover the expenses for your baby unless notified within 30 days of birth. Our practice policy allows only 30 days to update newborn insurance coverage. If we ask you to pay for newborn visit(s) because of eligibility issues, we will refund you promptly after the insurance reimburses us for the visit(s).

Initial: _____

Multiple Insurance Policies

If you have more than one policy or your child is insured by more than one parent, you must let our office know. We will need copies of all insurance cards. You will also need to contact your insurance companies for a Coordination of Benefits (COB) to ensure your child's visits are paid for by the correct insurance. The insurance companies determine which is primary and secondary and you are legally responsible to let both insurances know of other plans. We must file with the primary insurer and if they do not cover the visit, we will submit to your secondary insurer for you. If one insurance policy is cancelled, make sure you update your carriers as soon as possible in order to avoid any mistakes in the payment of your claims. If you have both private and Medicaid policies, private insurance is always primary and Medicaid is secondary

Initial: _____

Self-pay

We do everything we can to mitigate the expense of anyone who is uninsured. We offer a discount for self-pay patients. Payment is expected in full at the time of service for all charges.

Initial: _____

Responsible Party

The responsible party will pay the fees for services rendered at the time of visit. All co-pays must be paid at the time of the child's visit regardless of who accompanies the child. In the event that a friend or relative brings your child to the office, we ask that person to be responsible for paying the bill or co-pay.

Initial: _____

Outstanding Balances

Any amount not covered by the insured/patient's insurance is due within 30 days of the time of service. Balances on account must be paid prior to receiving additional services. Accounts will be turned over to a collection agency if past due 60 days or more. We generate statements every 2-4 weeks. You are notified electronically of a balance and you can view statements through your patient portal account. Even if you do not receive a statement from us, you are still responsible for your balance on your insurance EOB. You can pay with a credit card through our website, mail payment, or call the office to make payment with a credit card.

Initial: _____

Parent/Guardian

Patient name:

Your Full Name (please print):

Relation to patient: mother father guardian

Your Signature:

Date: