

# Children's Clinic of Southwest Louisiana

## FINANCIAL POLICY

Thank you for choosing our practice. 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 ask to speak with our accounts receivable department at 337-478-6480.

**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. You are responsible for payment of any co-pay, co-insurance or deductible at the time of service.
4. You are responsible for providing an EOB to us to show the deductible has been met. Otherwise payment in full will be collected at the time of service.
5. The adult accompanying a minor 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. 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. You are responsible for any services not covered by insurance or Medicaid.
7. If we perform preventative medicine services (check-up) we must bill a physical examination even if medical problems were dealt with at the same visit. Many insurance plans 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 Saturday and Sunday services.
9. 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.
10. Our office accepts Visa and MasterCard for your convenience, as well as cash or a check. Returned checks will be subject to a service charge. Multiple returned checks will result in your being required to pay with cash or credit card only.
11. Should we need to bill you for services performed, 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 and your care through the Children's Clinic 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.

\_\_\_\_\_  
Signature of Patient or Responsible

\_\_\_\_\_  
Date

## ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I received the Notice of Privacy Practices for the Children's Clinic of Southwest LA

\_\_\_\_\_  
Name of Patient or Responsible Party (Please print)

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date