

# Wee Care Pediatrics Financial Policy

Thank you for choosing Wee Care Pediatrics (“WCP”) for your child’s health care services. At WCP we are committed to provide compassionate, comprehensive care for your children. From the first phone call to the last follow-up, we believe your experience with us should feel like a relationship, not just an appointment.

This Financial Policy explains our billing and payment policies and expectations. Please read these carefully, and do not hesitate to ask our staff any questions you may have.

## Co-Pay and Out Of Pocket Expense Due at time of Service

- Co-payments are required by your insurance company and all co-payments need to be paid by you at the time of check in. Additionally, for deductible plans, a down payment of \$50.00 is expected for procedures at time of check in, a list of procedures could include but is not limited to: foreign body and wart removals, lacerations, sprains, fractures, ear wax removal, and circumcision. Any additional balance and charges will be billed to you and are due upon receipt of your first statement. Also, any prior unpaid balance on your accounts will be required at time of check in.

## Insurance

- In an effort to provide you with timely and accurate billing you are responsible to provide WCP with your current and accurate health insurance information at the time of service and to understand the benefits covered under your insurance plan. Please be aware that some or all of the services you receive may not be covered by your insurance plan. Knowing and understanding the benefits provided to you, by your insurance is your responsibility. Any coverage questions or disputes regarding payment need to be resolved between you and your insurance company. All amounts not paid by your insurance plan for any reason are your responsibility.

## Self-Pay Patients

- If you do not have insurance, or cannot provide us with proof of insurance, you will be required to pay a \$91.00 fee at check-in, as a down payment towards the charges for that day. Any additional balance and charges will be billed to you and are due upon receipt of your first statement.

## Responsible Party

- You agree to pay for all services and charges rendered or incurred for your child under the age of 26 whether unaccompanied or in the presence of you or another care giver designated by you.
- You are responsible for services and charges accrued for your children until age 26, or until such time as you notify WCP in writing, prior to services being provided, that you no longer accept financial responsibility.
- You are responsible for payments of services rendered to your child, or children on your account. Although a divorce decree may state that an ex-spouse is responsible for medical bills, WCP has no authority to enforce compliance with such a decree and therefore, you are responsible for obtaining any reimbursement that you may be entitled to from any other party involved.

## Un-Paid Balances / Statements / Interest

- You agree to pay all amounts upon receipt of our statement. Any unpaid balance must be paid at time of service unless payment arrangements have been made prior to your visit.
- Any balances remaining unpaid for more than 30 days from the date of billing will accrue interest at the rate of 1.5% per month (18% annual rate). Delinquent accounts may be turned over to an outside agency for collection. In the event collection becomes necessary, a 30% collection fee may be added to your account balance. You agree to pay all legal fees associated with the collection process, with or without suit, including reasonable attorneys’ fees and court costs.



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## Method of Payment

- WCP accepts the following types of payments:
  - Cash
  - Personal Check, including cashiers check, and money orders (no third-party, or post-dated checks)
  - Visa, American Express, MasterCard and Discover

## Payment Plan Option

- At WCPs discretion, payment plan options may be available under special circumstances and as agreed to by WCP. Under no condition will payment plans be longer than four (4) months. Failure to follow your payment plan will render the arrangement void.

## Collection Agency

- WCP will work with you and make every reasonable effort to keep your account in good standing. However, WCP reserves the right to refer your account to an outside collection agency for any past due, unpaid balance.

## Return Checks

- Checks returned to WCP unpaid by your financial institution, regardless of reason, will be posted back to your account in the original amount of the check and immediately turned over to an outside agency for collection. You agree to pay to WCP a charge of \$20, and any other amounts provided for by statute, for any returned or unpaid check tendered by you.

## Dismissal from Practice

- WCP reserves the right to dismiss patients from our practice for a non-payment. If you have a history of non-payment or your account has been turned over to collection, you may be eligible for dismissal and no further appointments will be scheduled until payment is made in full.

## Questions or Concerns

- If you have any questions regarding your account or regarding this policy, please contact our billing department at (801) 927-1616.

