



Financial Policy

We would like to thank you for choosing Healthy Horizons Pediatrics as your child's doctors. As one of our patients, we would like to keep you informed of our current office and financial policies. We require a signature to document that you have read and understand these policies.

Payment

Payment is expected at the time of service. This is an insurance company rule. This includes co-payments or coinsurance for participating insurance companies. Healthy Horizons Pediatrics accepts cash, personal checks, VISA, MasterCard, and American Express. There is an additional fee of 20% of your co-payment if co-payment is not paid at time of service. There is a service charge of \$20 for returned checks.

Patients with an outstanding balance more than 90 days overdue must make arrangements for payment prior to scheduling appointments. Parents are ultimately responsible for any charges or portion thereof for which payment is denied by insurance for whatever reason, except where prohibited by law or prior contractual agreement.

Insurance

It is the patient's responsibility to provide us with current insurance information and to present an active insurance card at each visit. If your plan requires, you must name Healthy Horizons Pediatrics as your primary care physician prior to your first appointment. If a Healthy Horizons Pediatrics physician is not named on your insurance as your primary care physician, your appointment will need to be rescheduled.

Cancelled Appointments

If you are unable to keep your scheduled appointment, please call our office at least 24 hours before your appointment to reschedule. This will allow time to provide that time slot to another patient. We reserve the right to charge \$20 for appointments that are not canceled at least 24 hours in advance.

Past Due Accounts

If we have to turn your account over to collection, you will be charged 10% interest on the outstanding balance from the date your bill was due, and you will be responsible for all costs and expenses of collection including, but not limited to our reasonable attorneys' fees.

Copies of Medical Record

The following fee schedule will apply when you request copies of your child's medical record:

\$1 per page for the first 10 pages

\$.50 for pages 11-50

\$.25 for pages 51 and higher

More Information

Please call if you have a question about your bill. Most problems can be settled quickly and easily, and your call will prevent any misunderstandings. If you are having trouble paying you bill, please discuss the situation with us. Satisfactory arrangements can almost always be made. Financial considerations should never prevent children from receiving the care they need at the time they need it.