TREASURED
PEDIATRIC CARE
Hilary Nicholson, APRN-CNP

FINANCIAL POLICY

Welcome to Treasured Pediatric Care! We are committed to providing high-quality pediatric care for your child(ren). To ensure a smooth and transparent financial process for all of our patients, we have established this Financial Policy, which we ask you to read carefully and acknowledge.

By signing below, you agree to comply with the terms outlined in this document.

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1. Insurance Coverage

- **Insurance Verification:** We participate with a variety of insurance plans. Please provide current insurance information at the time of your child's appointment. It is your responsibility to verify coverage and benefits with your insurance company before your visit.

- **Co-payments, Deductibles, and Coinsurance:** All co-pays, deductibles, and coinsurance amounts are due at the time of service. If you are unsure of your financial responsibility, please contact your insurance provider.

- **Non-covered Services:** If your insurance does not cover a service or treatment, you will be responsible for the full cost of the service. We can provide an estimate for any services that may not be covered by your plan if requested.

2. Self-Pay Patients

- **Payment at Time of Service:** For patients who do not have insurance or choose not to use insurance, a *minimum of $50* is due at the time of service.

- **Payment Plans:** If you are unable to pay in full at the time of service, a payment plan will be required same day.

3. Out-of-Network Services

- **Out-of-Network Benefits:** If we are out of network with your insurance, we will still see your child and submit claims to your insurance on your behalf. However, you may be responsible for a higher portion of the charges, including the difference between our charges and what your insurance covers.

- **Balance After Insurance:** You will be responsible for any balance not covered by your insurance for out-of-network services, including co-insurance, deductibles, and any other outstanding amounts.

4. Payment Methods

- **Accepted Forms of Payment:** We accept cash, checks, and all major credit/debit cards (Visa, MasterCard, Discover, American Express). Payments may also be made through our online payment portal.

- **Returned Checks:** There will be a $25 fee for any returned checks.

5. Billing & Statements

- **Insurance Claims:** We will submit claims directly to your insurance carrier for all covered services. Please notify us if your insurance information changes at any time.

- **Billing Statements:** After your insurance processes the claim, any remaining balance will be billed to you. Statements will be mailed out monthly and you will receive a total of 3 statements. If the balance isn't paid after 3 mailed statements you will receive a phone call to collect the balance.

- **Unpaid Accounts:** If your account is not paid within 120 days, your account may be referred to a collections agency, and you may be responsible for any additional collection fees. You will not be able to schedule an appointment until your past due balance is paid in full.

6. Missed Appointments & Cancellations

- **No-Show Fee:** If you fail to show up for an appointment or cancel after your scheduled appointment time, you will be charged a $25 no-show fee. We understand that emergencies happen; however, we ask that you provide as much notice as possible if you need to reschedule.

- **Late Arrivals:** If you arrive more than 15 minutes late for your appointment, we may need to reschedule, and a late fee may be applied.

7. Well-Child Visits and Vaccinations

- **Preventive Care:** Well-child exams and recommended vaccinations are typically covered by insurance plans under preventive care benefits. However, if your plan does not cover these services, or if you have a high deductible plan, you may be responsible for additional charges.

- **Vaccines:** We are committed to providing the best care for your child. In some cases, insurance may not cover the cost of vaccines. If this occurs, you will be responsible for the payment of any non-covered vaccines.

8. Financial Assistance

- **Discounts for Financial Hardship:** If you are experiencing financial hardship, we encourage you to speak with our Office Manager about possible discounts, payment plans, or other financial assistance options.

- **Sliding Fee Scale:** We offer a sliding fee scale for qualifying patients based on income. Please contact our office for more information and to apply.

9. Divorce and Separation

- **Responsibility for Payment:** In cases of divorce or separation, both parents or legal guardians are responsible for the payment of any charges. It is the responsibility of the parent bringing the child to the appointment to ensure payment is made.

- **Court Orders:** If you have a court order specifying who is responsible for medical expenses, please provide a copy to our office. We are not responsible for determining financial responsibility in cases of divorce.

10. Questions or Concerns

We are happy to discuss any questions you may have regarding our Financial Policy, your insurance coverage, or your bill. Please contact our Office Manager at 918-553-8613 or email treasuredpediatriccare@gmail.com for assistance.

Acknowledgment and Agreement

By signing below, I acknowledge that I have read and understand the terms of this Financial Policy, and I agree to comply with its provisions. I understand that it is my responsibility to ensure that all financial obligations are met, and that I will be responsible for any costs not covered by my insurance.

Patient Name: _____

Parent/Guardian Name (if applicable): _____

Signature: _____

Date: _____

Thank you for choosing Treasured Pediatric Care. We look forward to caring for your child!

Effective Date: 05/01/2025