

BLOOMFIELD PEDIATRIC CARE
43205 Woodward Avenue
Bloomfield Hills, MI 48302
(248) 451-0600
Fax (248) 451-0700

FINANCIAL AGREEMENT

1. Payment is due at the time of service. We accept cash, checks, and credit cards.
2. All co-payments, deductibles and non-covered services must be paid in full at the time of service.
3. A schedule of fees for our services is available at the reception desk. Our office will submit claims to your insurance company as a service to you. It is important that you know what your insurance plan covers. Services not covered by your insurance are your responsibility.
4. If your insurance company requires laboratory specimens to be sent to a specific lab, it is your responsibility to know the participating lab. Please make us aware before specimens are sent out.
5. If your insurance is a managed care plan, please review your coverage. If your child requires services that require a referral – adequate planning is essential. Referrals **MUST** be authorized by your primary care physician and require an office visit first in order to be evaluated. Authorization from managed care plans for your referrals may take one or more days. Please be aware that we are often unable to accommodate call in requests for same-day referrals. Upon receipt of a referral to a specialist or ancillary service it is your responsibility to be aware what has been authorized. Subsequent visits, procedures, surgeries and hospitalizations typically require additional referrals. Do not expect the referred specialist or service to obtain approval for these additional services, this is your responsibility. Failure to obtain necessary authorizations often lead to out of pocket expense. We are happy to assist you in any way with your managed care plan, however, our experience with these plans has demonstrated that planning and adequate lead time are essential. Your knowledge of your plans regulations and benefits as well as adequate planning will help to avoid delays and denied claims.
6. If you cannot provide adequate proof of insurance, you will be responsible for the entire visit at the time services are rendered.
7. In the case of estranged or divorced parents, the parent accompanying the child to the visit is responsible to pay for services rendered – regardless of coverage arrangements. We will gladly furnish you with necessary statements for reimbursement.
8. Your pediatrician is here to handle your child's medical care and well-being. The physicians are not experts on insurance and cannot be aware of all financial arrangements. Please discuss insurance problems and financial arrangements with the business office staff.
9. If you are experiencing financial difficulties, please discuss this with the business office staff. We will gladly work with you to make payment arrangements. Accounts over 90 days past due may be referred to a collection agency.

We sincerely appreciate your cooperation and are happy to assist you in any way we can.

Sincerely,

Maureen A. Kelly, M.D., and Staff

I understand and accept the above statements

Parent Signature

Date