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### ***Financial Policy***

Our pediatricians and staff are committed to providing you with high quality care as we meet your children's health care needs. In addition to the medical aspect of our practice, there is also a business side. For this reason, we want you to have a summary of the financial policy of our practice.

1. **Insurance.** We participate in most insurance plans, with some limited exceptions. We must obtain a copy of your current card in order to bill insurance on your behalf. If you fail to provide us with the correct and current insurance information, you will be responsible for all charges. It is your responsibility to know the coverage and benefits of your insurance policy. Please contact your insurance company directly with any questions you may have regarding your coverage.
2. **Co-Payments.** All Co-Payments are due at the time of service. This arrangement is part of your contract with your insurance company.
3. **Referrals and Authorizations.** We refer patients to a wide range of medical specialists and specialty services. If your insurance policy requires a referral from your Primary Care Physician (PCP) for these services, it is your responsibility to obtain one prior to the appointment. If a valid referral is not on file, the specialist may require payment in full at the time of service. It is your responsibility to verify that your PCP is listed correctly with your insurance company. If your child's PCP is not correct at the time of service, and your claim is denied by your insurance, you will be responsible to pay for the services rendered.
4. **Non-payment of patient balances.** Our billing company is responsible for sending bills to you for any balances due on your account. We appreciate prompt payment of balances. If several notices have been sent to you and your account is still past due, we may refer your account to a collection agency.
5. **Non-covered Services.** Please be aware that some of the healthcare services that your children receive may not be covered by your insurance. Any balance for this reason would, therefore, be billed to the subscriber of the insurance. It is your responsibility to be aware of the inclusions and exclusions of your insurance coverage.

6. **Returned Checks.** Checks returned by the bank for insufficient funds will be assessed a \$25.00 processing fee, plus the original amount of the returned check. These charges will be your responsibility and billed directly to you. Repeated returned checks will result in acceptance of cash or credit cards only at the time of all future visits.
  
7. **Missed Appointments.** Multiple missed appointments may result in your child being discharged from the practice. We cannot provide healthcare if you do not show up. Please help us to serve you better by keeping your regularly scheduled appointment.

We take our responsibility to care for your children seriously; however, from the medical business aspect of our practice, we want to make the financial policies transparent. Please let us know if you have any questions about our financial policy.