

FINANCIAL POLICY

Thank you for choosing Dr. Luis A. Lopez as your child's health care provider. We are committed to providing you the best quality medical care. Our personnel will be pleased to discuss our fees and this policy with you at any time.

We ask that all patients read and sign our financial policy as well as complete our Patient information form prior to seeing the Doctor. Payment for our services is due at the time the services are rendered. We accept cash, check or credit cards. We will be happy to process your insurance claim for your reimbursement.

In special instances, we may accept assignment of insurance benefits. However, you must understand that:

Your insurance policy is a contract between you, your employer, and the insurance company. We are NOT a party to that contract. Our relationship is with you. We cannot become involved in disputes between you and your insurer regarding deductibles, co-payments, covered charges, secondary insurance, and "usual and customary" charges.

We will gladly file claims to your Primary Insurance only; unfortunately, LBPC does not file claims to Secondary Insurances; you could use your EOB and receipts to file claims to your Secondary Insurance.

We are, however, contracted with certain managed care and Preferred Provider Plans; we will follow the guidelines for patient care, reimbursement, and submission of claims for services rendered. Any contractual provider discount will be deducted from your balance.

All changes are your responsibility whether your insurance company pays or does not pay. *Not all the services are covered benefits in all contracts.* Some insurance companies arbitrarily select certain services they will not cover.

Fees for these services along with unpaid deductibles and co-payments are due at the time of treatment and services. If your insurance company does not pay your claim within 30 days it is your responsibility to contact your insurer to expedite payment. After all, if your insurance does not pay, you are responsible for the payment.

If your insurance does not pay in full within 45 days, we require you to pay by cash, check or credit card.

Returned checks have a \$25 charge and balances over 45 days may be subject to collection placement and collection fees.

-Please note that if you must cancel or reschedule your appointment, all cancellations must be made AT LEAST 24 hours in advance.

-If you fail to cancel your appointment after 3 times, we will be obligated to charge you a fee of \$25.00, we appreciate your understanding.

-There will be a \$15.00 charge for forms not filled at the time of the Physical Exam.

-Also, if you need to request medical records, there will be a charge of \$25.00.

We understand that temporary financial problems may affect timely payment of balances. We encourage you to communicate any such problems to us, so that we may assist you in management of your account.

Again, thank you for choosing Dr. Lopez as the health care provider for your children. We appreciate your trust in us as we appreciate the opportunity to serve you and your family.

Signature of Parent/Guardian

Date