

SG Pediatrics

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Financial Policies

SG Pediatrics, PLLC is committed to providing the highest quality health care for your child. As part of your relationship with us, a clear understanding of our financial policy is important so you will know what actions SG Pediatrics, PLLC will be undertaking on your behalf as well as what your financial responsibilities are. Your health insurance policy is a contract between you and the insurance company. You have certain responsibilities to ensure that proper, accurate and timely submission of charges occurs.

You are required to: Present your primary insurance card at the time of service. Present a picture ID (driver's license preferred) for verification of identity. Inform us as soon as possible if your insurance carrier changes and provide us with a copy (front and back) of your new card,

Responsibility For Payment: SG Pediatrics, PLLC will bill your primary insurance company for all services rendered, with the information you have provided us. You are responsible for payment of all services provided by your pediatrician.

Co-Payment: Co-payment for services, in accordance with your insurance benefits, is due at the time of service. SG Pediatrics, PLLC reserves the right to charge a \$10.00 fee for processing of co-pays received after your visit. To avoid this surcharge, contact your provider's office within one business day of your visit to make the payment.

Remaining Balance After Your Insurance Company has Paid: SG Pediatrics, PLLC will submit a claim to your primary health insurance company for services provided. Any balance remaining following adjudication of this claim is your responsibility. This balance may include your deductible, coinsurance and any and all charges not covered by your insurance company. Payment for this balance is due upon receipt of your billing statement. After the third statement is sent, a \$5.00 fee will be added to your unpaid balance. This fee will be assessed monthly until your outstanding balance is resolved.

Divorced Parents: SG Pediatrics, PLLC will not get involved in custodial, separation or financial disputes involving or related to divorced parents of a minor child. The parent who is the guarantor for the policy covering the child is the responsible party for payment of services rendered. Copayment is still expected to be paid at time of the visit.

Failure to Pay Outstanding Balance: Our office will make every effort to communicate with you about your account and will present reasonable options for payment. In the event a bill goes unpaid without contacting our billing department to discuss payment options, the account will be turned over to a collection agency. If your account is sent to collections, a charge of 25% of the amount due will be added to the balance of your account.

Additional Fees: Request for Medical Records – Please see *Medical Records Release Form*. Checks returned to SG Pediatrics, PLLC for non-sufficient funds -- \$25.00. Replacement of Standard IL Health Form (school, camp, etc.) – \$10.00. Medical Necessity Letters -- \$10.00. *Payment for these additional services must accompany your request.

I certify that my child is covered by the insurance provided and assign directly to SG Pediatrics all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all the charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment benefits.

I have read the above financial policy for SG Pediatrics, PLLC and I agree to the terms listed above.

PRINT NAME: _____

Signature: _____ Date: _____

(Parent or Legal Guardian)

Child _____ DOB _____

Child _____ DOB _____

Child _____ DOB _____

Child _____ DOB _____