

EDGEWOOD CENTER PEDIATRICS, P.C.  
8896 COMMERCE ROAD, SUITE 5  
COMMERCE TOWNSHIP, MI 48382  
(248) 360-9241

## Financial Agreement

1. All co-payments and co-insurance are due at time of service. We accept cash, checks, Visa, MasterCard, and Discover.
2. Returned checks will result in a \$25 fee that will be posted to your account.
3. A schedule of our fees is available, upon request, at the front desk. You may or may not be reimbursed by your insurance company for these fees.
4. It is your responsibility to understand your coverage and benefits including lab specimens, well care, and immunization coverage.
5. We will work very hard to assist you in receiving the maximum benefits available under your policy. We will at no time guarantee what your insurance will or will not pay.
6. We will assist you, in your insurance plan requirements, for referral, pre-certification, or authorization to see another doctor other than your Primary Care Physicians (PCP). However, once requested we require 5-7 business days to fulfill that request. (HMO PLANS ONLY)
7. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. If you have not contacted us or paid on your balance for 60-90 days your account will be reviewed for the collection agency process.
8. Edgewood Center Pediatrics will not be involved with separation/divorce disputes.
9. 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 office manager/billing department.

I understand and accept the above statements.

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Parent signature

Date