

Edgewood Center Pediatrics, P.C.
8896 Commerce Rd, Suite 5
Commerce Township, MI 48382
Ph – 248-360-9241
Fax – 248-360-0830

Financial Agreement

- **Payment is due at the time of service. All copays, deductibles, and non-covered services must be paid in full at the time of service. Please be aware of your co-pay!**
- We accept Cash, Check, charge (Visa, MasterCard, discover and Amex). It is our policy; the person who brings the child in is responsible for payment at the time the service is rendered and any reimbursement from divorce agreements be handled by the person not by our office. We will gladly furnish you with necessary statements for reimbursements.
- **Your insurance is a contract between you, your employer, and the insurance company. We are not party to the contract. Not all services are covered. It is your responsibility to understand your coverage and benefits including: Waiting period time frames, preventative care limits and maximums, including immunizations, labs, physicals, deductibles, and co-pays.**
- We bill Medicaid and Medicaid HMO Plans as Primary Insurance ONLY. At no time and under no circumstances will Medicaid be billed as a secondary insurance carrier. All Medicaid Patients will be referred to the Health Department as Edgewood does not participate with the state supplied vaccine program, Vaccines for Children (VFC).
- **We are unable to guarantee what your insurance will or will not pay. We will work hard to assist you in receiving the maximum benefits available under your policy.**
- We will assist you, in your insurance plan requirements, for referral, pre-certifications, or authorization to see another doctor or specialist other than you PCP. However, once requested, we require 5-7 business days to fulfill such requests. (HMO & EPO plans only)
- **We realize that temporary financial problems may affect timely payment on your account. If such problems arise, we encourage you to contact our billing department 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.**
- Edgewood Center Pediatrics bills code 99051 to your insurance company. After 5:00pm office visit appointments and Saturday/Sunday and holiday office visits will be charged an additional \$25.00 fee. This fee may or may not be covered by your insurance company.
- **New baby(s) to the practice should be added to insurance by their 1-month checkup to avoid any fees from visits during the first 30 days from birth date.**
- As of January 1, 2019, there will be a \$35.00 no show fee/or consult and physical appointments. You have a 24hr cancelation period, to cancel your appointment.
- **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 feel free to discuss any insurance or financial issues or concerns with the office manager/billing department prior to service e being rendered.**

I, the undersigned, accept and agree to the above stated terms of the Financial Agreement.

Parent/Responsible party signature

Date:

Copy given to Parent/Responsible party _____

Staff Initials _____