Neighbors Pediatrics
Payment Policy

Thank you for choosing our practice. We are committed to providing you with quality and affordable healthcare. The following information answers frequently asked questions regarding patient and insurance responsibility for services rendered during your visit. Feel free to ask us any questions and sign in the space provided. A copy will be provided to you upon request.

PAYMENTS ARE DUE AT THE TIME OF SERVICE.

SELF-PAY (NO INSURANCE): For self-pay patients, you will be required to pay in full at the time of service to receive the discount. Otherwise, sick patients will be expected to pay a minimum of $100. All remaining balances will be billed to you. If you need payment assistance, please ask the representative for further information.

INSURANCE: We participate with most insurance plans. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and dictates the amount due by the patient. You need to contact your insurance company to verify participation, benefits (including if the insurance covers vaccinations), and copay/deductible. If your insurance company informs us that you are ineligible for benefits, you will be considered self-pay (no insurance), see above, or you can reschedule your visit. It is your responsibility to comply with their requests. You will need to contact them if you disagree with their determination on the payment of your claim. If you fail to provide us with this information in a timely manner, you may be responsible for the balance on your account.

CO-PAYMENTS AND DEDUCTIBLE: All co-payments, deductibles, and co-insurance must be paid at the time of service. This arrangement is part of your contract with your insurance company. If your deductible has not been met, we expect you to pay at least $25.00 at the time of your visit. State employees have preset pricing.

METHODS OF PAYMENT: We accept Cash, Debit/Credit Cards, HSA Cards. Checks are also accepted for mailed payments. For returned checks your account will be charged $25.00. The check and service fee must be paid in full before your next visit.

PATIENT STATEMENTS: If you have an unpaid balance, you will receive a statement monthly. Balances over 90 Days will be turned over to our internal collection department and/or may be submitted to an outside collection agency with possible dismissal from the practice.

PAYMENT PLANS: We offer convenient, affordable payment plans for our in-house accounts (minimum $25 monthly payment). Please see our business office team for details.

I have read, understand, and will comply with the terms of the Payment Policy.

Print Patient's Name	Patient's Date of Birth:	Today's Date:
Print Parent/Legal Guardian Name:	Parent/Legal Guardian Signature:	