



Children's Clinic of Wyomissing

2240 Ridgewood Road, Suite 100
Wyomissing, PA 19610
(610) 376 8691 / Fax (610) 376 8745

Financial Policy

Thank you for choosing Children's Clinic of Wyomissing as your Pediatric provider. It is our hope that our patients understand our credit and collections policies are a necessary part of assuring the financial resources required to maintain vital health care service for our patients and the community. The following is a copy of our billing/payment policy for ALL patients. Please refer to this policy prior to all appointments and when changing insurance policies.

All patients must present current insurance card at each visit. Payments for all medical services are due and payable in full at time of service. In the event that you shall come unprepared to pay for the service you will be asked to reschedule the appointment. You may pay by cash, check, Visa, MasterCard, Discover, ATM or American Express.

We do not get involved with domestic disputes. Our policy is to obtain payment at the time of service from the parent/guardian bringing the child to the office. The person who the patient resides with is responsible for any balances due upon receipt of a statement. A \$20.00 charge will be added to any account that had a check returned to us and \$30 for checks with a stopped payment.

Our financial statements are on a 15-day cycle. Accounts 60 days past due are referred to a collection agency, except where hardship or previous credit arrangements have been made with the billing department. In those instances the agreed payment is due on the same day of each and every month. If there should be a delinquent payment without notice to the billing department the account will be turned over to the collection agency for further action. Accounts that are referred to Collection Agency will be charged \$50.00 collection fee that is applied to the total balance. Patients referred for collections will not be able to schedule well visits till the balance on the account is paid in full, sick visits will be on cash basis only. If the account remains unpaid Patient will be asked to transfer their care to another provider.

If unusual circumstances should make it impossible for you to meet our credit terms, we invite you to call and personally discuss the matter with our Clinical Director. This will avoid misunderstandings and enable you to keep your account in good standing.

If you have health insurance it must be understood that this is an agreement between you and the insurance company to pay certain amounts for medical care. Your Doctor's bill is an agreement between you and your doctor. You are responsible for payment of your bill regardless of the status of your insurance claim.

****ASSIGNMENT OF BENEFITS****

I hereby authorize payment for services rendered to my child – children by a physician of The Children's Clinic of Wyomissing to be paid directly to The Children's Clinic of Wyomissing. I authorize release of necessary medical information to process payment for medical claims. I also understand that I am financially responsible for all non-covered charges.

Please Note: MISSED APPOINTMENTS are subjected to a \$30.00 charge placed directly to the patient's account. There is an additional fee for Weekend/Holiday/After-Hour Appointments.

Charges for medical care rendered by this office will be billed through this office and should not be confused with charges for care received in the hospital.

Should you have any further questions, please contact our Billing Department at 610-376-5341.

I have read the billing policy and agree to these terms.

Patients Name: _____

Signature of responsible party: _____ Date: _____