

Financial Policy

It is the policy of this office to help keep healthcare costs as low as possible. In order to do this, we need to keep our billing costs to a minimum. **Your signature indicates you understand and agree.**

Patient/Guardian responsibility:

- Bring your child's insurance card and your photo ID to **EVERY** office visit.
- Notify us of any demographic changes (i.e., insurance, address, phone number, etc.).
- Copay and deductible are due at the time of service.
- If you do not have insurance, be prepared to pay for the visit in full.
- Confirm with your insurance that Country Kids Pediatrics/Charlie Ann Morehead, MD is a provider for your policy.
- Verify coverage limitations prior to appointment.
- As a courtesy to our patients, we file insurance claims for you, however, the guarantor is responsible for any payments not covered by their insurance.

Patient/Guardian financial responsibility:

- \$35 fee for RETURNED CHECKS
- \$10 fee to fill out ANY HEALTH FORMS (i.e., shot records, school, camp, daycare, etc)
- \$25 fee for FMLA form
- \$50 SPORTS PHYSICAL with form
- \$25 fee for NO SHOW APPOINTMENTS
- \$25 fee for SAME HALF DAY CANCELLATIONS
- \$75 EAR PIERCING with after care solution
- To request/transfer records there is a \$25 fee for the first 20 pages, and 50 cents for each additional page, in addition to mailing, shipping, or delivery fees.
- Monthly statements are mailed out for balances, which are due within 14 days of statement date. If there are any disputes, concerns, or questions please contact our office.

Child's Name:

Date of Birth:

Print Name of Parent/Guardian:

Signature of Parent/Guardian:

Date: