

Pedios, Ltd. Financial Policy

Thank you for choosing Pedios, Ltd. as your child's healthcare provider. We are committed to providing your child with excellent pediatric care and part of what enables that is the payment of your bill for services rendered. The following is our financial policy and billing information-- please take time to read it.

It is your responsibility as guarantor to determine whether or not your insurance company is one of those that we have contracted with. (See "Insurances" on our website, Pedios.com or obtain a list from the receptionist.). It is always best to call the customer service number of your insurance company to determine if we are a provider, as their websites are not always current.

If we have a contract with your insurance company, we will file your claims for you. However, you are responsible for any remaining balances. Your insurance company may not cover all charges such as lab tests in the office, flu shots, well child visits or immunizations. It is your responsibility to contact your insurance company to determine which charges may or may not be covered. Any non-covered charges will be billed as your responsibility.

Uninsured or non-contracted patients are responsible for payment-in-full at the time of service.

Returned checks for non-sufficient funds will be billed an additional fee of \$25.00.

All outstanding balances must be paid-in-full prior to well-child care visits.

A Late Fee may be applied to all balances that have not been paid within 30 days of being invoiced the first time.

All balances which have not been paid within 90 days will be deemed delinquent and referred for collections. All fees related to collection efforts associated with your account will be your responsibility.

APPOINTMENT CANCELLATION/NO SHOW POLICY: In order to efficiently care for all of our patients, we request that you cancel your child's appointment no later than **24 hours** prior to the appointment time. Pedios, Ltd. reserves the right to charge a fee of \$50.00 for no-shows or appointments that are not cancelled within 24 hours of the appointment time.

We reserve the right to charge for medical record copying services. This fee will be \$15-\$25 depending on the number of pages.

Signature of Parent/Legal Guardian

Date

Name (Please Print)