

FINANCIAL POLICY/WAIVER

We are committed to providing you the best possible care. If you have medical insurance we are anxious to help you receive your maximum allowable benefit. In order to achieve these goals, we need your assistance and your understanding.

We will file your insurance claim with your primary insurance for you, however we ask that you pay any co-payment or deductible at the time services are rendered and the balance in full if your insurance has not paid in 60 days. We accept Cash, Check, money Order and all Major Credit Cards.

We will do all we can to expedite insurance reimbursement, but you must realize that:

1. Your insurance is a contract between you, your employer and the insurance company. If we participate with your insurance plan, we are under contract to only charge what your company allows. Since each carrier "usual and customary" fees differ, we will take the appropriate discount when your insurance company pays our practice. Any funds due you because of an overpayment will be refunded to you within 60 days.
2. Memphis Pediatrics, PLLC or one of its physicians must be listed as your child's PCP before we see your child. If we are not listed as the PCP, we cannot file your insurance claims and you will be responsible for the entire amount of the visit at the time of service.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. These non-covered services are your responsibility.

We must emphasize that as Medical Care Providers. While the filing of insurance claims is a courtesy we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize temporary financial problems may affect payment of your account. If such problems arise, we encourage you to contact us promptly for assistance in the management of your account. If you have any questions about any of our financial policies, or any uncertainty regarding insurance coverage, please do not hesitate to ask. We are here to help you.

ASSIGNMENT OF INSURANCE BENEFITS ACCEPTANCE OF FINANCIAL RESPONSIBILITY

I authorize the direct payment of any medical benefits to Memphis Pediatrics, PLLC, for services rendered. I understand I am responsible for any and all usual and customary charges not paid as a result of this assignment. If the account is turned over to a third party, collection agency or attorney, I understand a 10% service charge (minimum of \$15) will be added to the balance, and I understand I will be responsible to pay all litigation expenses, court costs and reasonable attorney's fees.

I understand that a \$25 service charge will be collected for any returned checks. Furthermore, I understand that this waiver will remain in effect for 1 year from the date signed below: at which time my account will need to be updated with current forms required by Memphis Pediatrics, PLLC.

DATE

GUARANTOR'S SIGNATURE

DATE

MEMPHIS PEDIATRICS, PLLC STAFF MEMBER