

BERKELEY PEDIATRIC MEDICAL GROUP  
*FINANCIAL POLICY*

A “Patient Information form” is needed for every patient. Please notify us of any change in phone numbers, address or insurance. If applicable, a copy of the insurance card is needed for each patient chart.

**PAYMENT**

Payment for our services is your responsibility. Co-payments specified by your insurance are due at each visit by the accompanying adult. If your child will not be accompanied by an adult, payment should be sent with the child. If you have no insurance or if you have insurance with which we are not contracted, payment in full is due at the time of each visit. Payment for services that are not covered by your insurance carrier, are due in full at the time of each visit. We have found that some insurance plans do not cover Well Care and circumcisions. Please contact your carrier regarding coverage for these services.

**Unless cancelled at least 24 hours in advance, there is a \$50 charge for missed appointments.**

**INSURANCE**

Health insurance is a means to help you with your financial responsibility to pay for health care.

Your coverage and benefits are a contract between you and the insurance company.

If you have any insurance with which we are not contracted, you will need to pay in full at each visit.

We will provide you with the forms you need to be reimbursed directly by your insurance company. If you have an insurance we are contracted with, we will bill that insurance company. **You will be asked to present a current insurance card at each visit.** After billing your insurance company, the remaining balance is your responsibility. **You will receive a statement if your insurance carrier has responded and a payment is due from you.** If we do not have a current insurance card issued to the patient or the wrong primary care physician is listed, you will be asked to pay in full at the time of each visit.

Insurance carriers limit the amount of time we can retroactively bill. In order for you to be reimbursed any overpayment, you must provide us with a current insurance card within 30 days of the visit. Please contact the business office prior to any insurance changes.

**Newborn Health Insurance Coverage. Coverage is not automatic.** The parents must add the baby to the insurance policy as soon as possible within the first 30 days of life in order for the baby to be covered on the policy. Newborn health insurance coverage is usually through the mother’s insurance and medical group for the first 30 days of life. We are members of **Brown and Toland Medical Group**. If mom is **not** in Brown and Toland Medical Group, you will need to contact the carrier to see if mom and baby can be in different medical groups for the first 30 days. **The baby must be added to the insurance policy as soon as possible within the first 30 days of life for coverage to continue for your child.** If you have HMO insurance, check that one of our doctors is listed as the primary care physician on the card. If you are unable to present a card for the baby at the 2 month visit, you will be asked to pay in full until we have a card. Insurance carriers limit the amount of time we can retroactively bill. In order for you to be reimbursed any overpayment, you must provide us with a current insurance card within 30 days of the visit.

**Statements are sent when there is a balance due from the patient.** Payment is due upon receipt. You can pay your statement online thru your MyChart account or on a Guest Account. The link is available on our website.

It is important that you understand our Financial Policy. If you have any questions or concerns, please feel free to contact the business office, 848-4782.

---

Parent’s Signature

Date

