

**PREMIER PEDIATRIC GROUP, INC.  
FINANCIAL POLICY**

The following statement is a summary of the financial policy for PREMIER PEDIATRIC GROUP, INC. (PPG):

1. **ALL PAYMENTS ARE EXPECTED AT THE TIME OF SERVICE! A \$5.00 PROCESSING CHARGE IS APPLIED TO EACH VISIT THAT FAILS TO PAY THE REQUIRED CO-INSURANCE AMOUNTS AT THE TIME OF SERVICE.**  
This policy includes applicable **coinsurance** and **co-payments** for participating insurance companies. PPG accepts cash, personal check (in-state only), VISA and MasterCard. There is a service fee of \$35.00 for returned checks.
2. Patients with an **outstanding balance of 60 days overdue** must make full payment prior to scheduling appointments. Our staff will make every effort to notify you of any outstanding balances. We realize that people have financial difficulties. Please notify us if such difficulties occur.
3. PPG incurs significant cost, such as **vaccines/immunizations**, to provide you and your family with the best possible service. If your account goes unpaid, we advise you to seek your child's vaccinations at the local health department of public health facility. We also recommend that you carefully review your health insurance plan to determine if vaccines are covered under your policy.

**INSURANCE**

1. We bill participating insurance companies as a courtesy to you. **You are expected to pay your deductible and co-payments at the time of service.**
2. **If we have not received payment from your insurance company within 60 days of the date of service, you will be expected to pay the balance in full.** You are responsible for all charges.
3. **Always bring your current health insurance card with you to the office.** Our physicians name must be listed as the Primary Care Physician on your insurance card. Please notify your plan if it is incorrect.
4. **Please inform us immediately if your insurance plan or coverage changes.**
5. If necessary, we will bill secondary insurance.
6. If you need assistance or have questions regarding your account, please contact our office at 513-770-3465.

**REFUNDS**

Overpayments will be refunded upon written request to our office within 30 days.

**MISSED APPOINTMENTS/LATE CANCELLATIONS**

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. **Cancellations are requested 24 hours prior to the appointment.** For missed or late cancelled appointments, we reserve the right to charge a fee of \$25.00 for which you are personally responsible and is not billable to your insurance company. Excessive abuse of scheduled appointments may result in being terminated from the practice.

**REQUEST FOR MEDICAL RECORDS AND FORM COMPLETION**

All forms requests are completed within a minimum of 24-48 hours. Any form that is requested on an emergency basis will be charged a \$5.00 service fee. There is a \$25.00 per chart fee for medical record transfers.

*I have read and understand the PREMIER PEDIATRIC GROUP, INC. Financial Policy. I understand that I am ultimately responsible for the charges incurred on my account. I also agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed, I will be responsible for the fee charged by the collection agency for costs of the collections.*

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Date