Cradle thru College Care Pediatrics

Statement of Financial Responsibilities

The providers at Cradle Thru College Care Pediatrics accept most insurance plans. We will file your office visits with your insurance carrier for you. Co-payments and deductibles are contractual obligations between you and your insurance company. You are required to pay your co-pays and deductibles, and we are required to collect these payments. Co-pays must be paid at time of service in order to be seen.

If you have questions or concerns about why fees are owed, please contact your insurance company directly. Each insurance carrier has a unique set of policies, so we encourage you to become familiar with your particular plan. When reviewing your insurance plan, please be aware of the following points:

- If your plan requires a designated primary care physician, one of our practice's doctors must be listed as the PCP on your card.
- Be sure that "well child care" is covered, including immunization.
- Most insurance plans allow only 30 days for a newborn to be added to your policy. If you do not add your newborn with in this time frame, you will be responsible for paying all charges incurred.

The parent or legal guardian that brings the patient in for care is responsible for providing insurance information, correct address information, and any co-pay amount due at the time of visit, regardless of the relationship or financial responsibility to the patient.

We will collect co-payments, past due amounts, deductibles, or non-covered services at each appointment. We accept cash, check, Visa, MasterCard, Discover, and Amex for your convenience. If you receive a statement, you will have a 30 day period in which to pay. Our billing manager is available to answer any questions you may have or to provide you with payment options, including payment plans. Our billing office number is 816-942-5437, option 4.

If you are without insurance coverage, you will be responsible for paying for your visit up front in order to be seen. If you are unable to pay, we reserve the right to deny service. We offer discounted self-pay rates for those paying out of pocket for doctor visits.

Please notify us promptly of any changes in insurance, address, or phone number.

Please be advised that we do charge a $25 fee for appointment no shows. We ask that you cancel or reschedule 24 hours prior to your scheduled appointment in order to avoid this charge.

I understand that I am financially responsible to Cradle Thru College Care Pediatrics for charges not covered or denied by my insurance company. I further acknowledge that in the event of non-payment, my unpaid balances may be sent to a third party collection agency which would add a 25% fee and possible litigation, if necessary.

Patient's Name(s) _____

Parent/ Legal Guardian's Name _____

Parent/ Legal Guardian's Signature _____ Date_____