



## WHITES'S PEDIATRICS OF DALTON, CHATSWORTH, AND CALHOUN

### PATIENT FINANCIAL POLICY

PLEASE READ BEFORE SIGNING

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Account: \_\_\_\_\_

Guarantor: \_\_\_\_\_ Guarantor SSN: \_\_\_\_\_

Payment is required at time of service. To keep your account current, today's payment will be applied to the oldest charge. Patients covered by a contracted insurance company will be expected to pay for all co-pays, co-insurance and remaining deductibles at the time of service.

All past due accounts sent to the collection agency for non-payment will be increased by a minimum of 35% of the account balance, in addition to the collection and/or agency processing fees and all legal fees.

Patients who are covered by non-contracted insurance plan(s) will be expected to make payment in full at the time services are rendered. Knowledge of your insurance plan's preferred providers is the responsibility of the patient and/or guardian, not the treating physician.

If a patient's insurance company does not pay for services rendered within 60 days, the full amount of charges will become the responsibility of the patient and/or guardian. We will make every effort to ensure claims are submitted properly and in a timely manner. We will make every effort to collect from the insurance company before any balance becomes patient responsibility.

It is the responsibility of the patient and/or insured to monitor any referrals required by their insurance company. In the event a referral is required or has expired, we require (3) business days notice to obtain or renew a referral.

In the event the patient and/or insured fails to change their "Primary Care Physician" with their insurance company to a physician of White's Pediatrics of Dalton, Chatsworth, or Calhoun and the claim is subsequently denied, the patient and/or guarantor will become responsible for the full amount of the denied charges.

A patient 18 years old or older is considered the guarantor of his/her own account. This means the patient will receive billing statements from our office and will be responsible for charges to their account. A parent who would like to be a co-guarantor of the account and also assume financial responsibility for the patient's account should sign below on the co-guarantor line.

Account Balance: \_\_\_\_\_ as of: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient/Guarantor Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Guarantor Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of White's Pediatrics Representative

\_\_\_\_\_  
Date