

Pediatric Endocrine and Wellness Center, PA

STATEMENT OF FINANCIAL POLICY

2999 NE 191St Street Suite 300 - Aventura, FL 33180

Phone: (305) 935-2441

Fax: (786) 513-0586

Dear Patient/Parent/Guardian:

We are happy to accept your insurance card at the time of visit, and we will file a claim with your insurance carrier on your behalf. This is a courtesy that we extend to our patients. All insurance claims are ultimately your responsibility. Because your insurance is a contract between you and your carrier and does not guarantee payment to our physician, we cannot become involved in disputes regarding claims, deductibles, co-payments, non-covered charges or other denials of payment. It is part of our contractual agreement with any HMO or PPO policy to collect any payments that the insurance company considers to be the patient's responsibility.

By signing below you agree that, whether you sign as a parent or as a guardian, you individually agree to promptly pay the account of Dr. Huerta in the event that your insurance company does not pay for the services rendered to your child. Provisional credit may be allowed for confirmed insurance benefits when assigned to Dr. Huerta. All such provisional credits are subject to collection.

Should you have any questions regarding your insurance coverage, please direct them to your insurance representative. Your account will be charged a \$25.00 service fee for any returned checks. If you fail to pay your account, you will be responsible for any collection fees incurred, including small claims court fees. This may include a 33.3% processing fee if your account has to be placed with a third party for collection.

In addition, you are hereby advised and acknowledge by the signature below that there will be a \$25.00 charge for any missed appointments that are not cancelled a least 24 hours prior to the designated time of the appointment. This is a non-covered service and therefore you will be held personally responsible for this fee, not your insurance company.

PATIENT NAME _____ DATE _____

PARENT / GUARDIAN _____ WITNESS _____

(please circle if parent or guardian)