

**BARRINGTON PEDIATRIC ASSOCIATES**  
**FINANCIAL POLICY**

Our office is committed to providing the best possible medical care for your children. We are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have questions about our fees, our financial policy, or your financial responsibility.

**PARTICIPATING INSURANCE PLANS**

We require you to have your child's current insurance card available to us at each office visit. All co-payments and balances are due the day your child is seen. There is a \$5 fee added to your bill if the co-payment is not paid on the date of service. If your insurance company has not paid a claim after 60 days from the date of the visit, the bill becomes your responsibility. If your coverage was terminated and you do not present us with the new insurance card within 30 days of the date of service, the bill is your responsibility. If your plan does not require a co-payment and we participate with the plan, we will submit the bill to your insurance company. You are responsible for any deductibles and balance your plan indicates on their EOB (explanation of benefits). These balances are due in full within 30 days of your first billing.

Some insurance plans limit procedures and services in order to control costs. We will always provide your child with what we consider the best, most up-to-date medical care. Certain services we provide may not be reimbursed by your insurance company and will become your financial responsibility.

**DIVORCE SITUATIONS**

The parent who brings the child in for the visit is responsible for payment at the time of service regardless of the financial arrangements of the divorce agreement. Our goal is to be able to provide the appropriate medical care for your child.

**MISSED APPOINTMENTS**

Unless we receive 24 hours notice, there is a \$25 fee for missed appointments. Excessive missed appointments may result in termination of care. Please help us provide excellent care to all our patients by keeping your scheduled appointments.

**REQUEST FOR RECORDS**

There is a \$5 fee to replace our school/camp/sports/travel form, given at your child's yearly routine office visit. A copy of your child's vaccinations is available free of charge.

**PATIENT ACCOUNTS**

Any patient balance left unpaid after 90 days without any attempts at resolution will be considered delinquent and may be submitted to a collection agency. If you are having financial hardship, please speak with the billing office and we will make every effort to set up an acceptable plan with you. If an account is seriously delinquent, we may be unable to provide any further medical care to your children.

**We accept cash, personal checks, Visa, Mastercard and Discover.**

Barrington Pediatric Associates  
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