HERSHEY PEDIATRIC CENTER

441 E. Chocolate Ave
Hershey, PA 17033
717-533-7850 Fax 717-533-8294

Glen S. Bartlett, MD
Sapna Shah, MD
Deanne Fosnocht, MD
Jennifer Heisey, CRNP
Sarah Bright, PA-C
Denise Dhawan, MD
Mandy Lauver, CRNP

FINANCIAL POLICY

Hershey Pediatric Center is committed to giving your children the best possible care. We are pleased to discuss professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please speak to us if you have questions about our fees, Financial Policy, or your responsibility.

The physicians at Hershey Pediatric Center are here to provide medical care to your children. If you need to discuss financial issues you must contact our Billing office staff or the Office Manager.

PAYMENT OF THE VISIT CHARGES ARE DUE AT THE TIME OF THE VISIT

WE ACCEPT CASH, CHECKS, VISA, MASTER CARD AND DISCOVER
There is a $25.00 fee for checks returned from your Bank for any reason.

There will be additional fees charged for the "*after hours*" visits.

As a courtesy to our patients, we may make reminder phone calls for all scheduled appointments. A minimum of ***24 hours' notice*** is required for cancelling an appointment. If an appointment is cancelled in less than 24 hours or if you fail to show for an appointment, there will be a $15.00 fee for regular appointments and a $25.00 fee for Well Visits, regardless of whether we made a reminder call or not. If you are more than 15 minutes late for a non-acute appointment, you will be asked to reschedule.

An additional fee ***MAY*** be charged with a well visit if other problems are found and addressed by a physician. These fees ***MAY NOT*** be covered by insurance and are therefore payable by you.

An additional fee ***MAY*** be charged with a lactation visit. This is a billable service and ***MAY NOT*** be covered by Insurance and are therefore payable by you.

There is a $5.00 fee for completion of any form ***NOT*** presented at the time of the well visit.

If it is necessary for you to transfer your child (ren)'s records, there is no charge for the first request. For any subsequent request, the fee is a ***MINIMUM*** of $20.00 as determined by the Office Manager.

Non-Preventative health exams (such as sports, daycare, school, camp etc.), requested by 3rd parties are not covered by Insurance. The fee for this exam is due before the exam at the time of check-in. If you would like further explanation of this policy, please request a copy of it from the Receptionist.

R E G A R D I N G I N S U R A N C E

INSURANCE IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY.
We will inform you if we are a party to your Insurance contract and will handle your claims according to our agreement with the Insurance Company. For the Insurance plans with which we participate, we will file your claims for you.

Hershey Pediatric Center must be able to establish eligibility with your Insurance Company for you and/or your children within 60 days of the first date of service.

If eligibility cannot be verified by 60 days, the visit charges will become your personal responsibility.
YOU ARE RESPONSIBLE FOR RESPONDING TO ANY CLAIMS INQUIRIES SENT TO YOU BY YOUR INSURANCE COMPANY. FAILURE TO RESPOND TO THESE INQUIRIES WILL RESULT IN THE FEES CHARGED BY OUR OFFICE TO BECOME YOUR PERSONAL RESPONSIBILITY.

We will not become involved in the disputes between you and your Insurance Company regarding deductibles, co-payments, and covered charges, secondary Insurance, "usual and customary" charges, etc., other than to supply information as necessary. Patients with "coordination of benefits" should speak with someone from our Billing Office by calling (717) 533-7850 within 3 business days of the time of the first date of service.
YOU ARE RESPONSIBLE FOR THE TIMELY PAYMENT OF YOUR ACCOUNT.

All patients will pay co pays, deductibles, co-insurance, or amounts not covered by insurance **AT THE TIME OF THE VISIT**. Any outstanding balance after Insurance has paid on a bill is due with the FIRST BILLING to you. Failure to do so will result in the unpaid bill being sent to our collection agency.

If you are in a separation or divorce situation, Hershey Pediatric Center legal counsel has advised us that we must receive payment at the time of service from the person who brings the child for treatment. It is your responsibility to get reimbursement from the person who is financially responsible for your child.

BY SIGNING BELOW, I ACKNOWLEDGE MY UNDERSTANDING AND WILL ABIDE BY THE FINANCIAL POLICY OF HERSHEY PEDIATRIC CENTER.

Parent/Legal Guardian/Patient Signature_____Date:_____

Patient Name(s)_____ Patient's Chart #_____

_____ Patient's Chart #_____

_____ Patient's Chart #_____