



KinderHealth, LLC

Financial Policy

Thank you for choosing KinderHealth, LLC as your primary care provider. As a responsible primary care provider, we are committed to providing you excellent and affordable health care. In order for us to be able to continue provide excellent primary care services, we will be implementing the following financial policy:

- If you need to cancel an office visit, please notify us so we can reschedule your appointment and free this spot for another patient. If you miss 3 (three) appointments without calling you may be billed a “No Show” fee. After 3 (three) "No Shows" our office reserves the right to discharge the patient from the practice.
- Please be on time for your appointments. In the event that you are late, we will do our best to accommodate you. However, there may be certain situations where we will have to reschedule your
- appointment.
- While we do strive to minimize wait times, an emergency will take priority. We appreciate your patience and understanding.
- Your insurance coverage will be verified, and your co-pay will be determined.
- All co-pays are expected at the time of service and must be paid prior to insurance being submitted
- Our office does not submit secondary insurance. Submission to a secondary insurance company is the responsibility of the patient.
- Because our office handles many different kinds of insurance, we may not have all the details of your insurance benefits. Some of your questions can be best answered by a representative of your insurance company.
- Once your insurance is billed and the insurance payment is received, if there is a balance due, you will be billed for the difference, which is your responsibility.
- KinderHealth, LLC does not promise that an insurance company will pay for services that are usual and customary at this office, nor will this office enter into a dispute with an insurance company over reimbursement. This is the patient's obligation. We cannot alter or guarantee your insurance coverage.
- Waiting for insurance payment is a courtesy to you, and may be withdrawn at any time.
- Should your insurance reject, dispute, or not cover the total amount of charges submitted, you will pay for any outstanding balance within 30 (thirty) days of verbal or written notification. It will be your responsibility to pursue reimbursement from the insurance company. If you are unable to make the payment in full, you can contact our office to make payment arrangements.
- Patients with an outstanding balance of more than 60 (sixty) days old must make payment arrangements prior to scheduling future appointments.
- If forced to turn your account over to a Collection Agency to collect payment on services rendered, we will include all fees charged by the court, attorneys, or collection agency for services.

- If your account is turned over to a Collection Agency, you will be considered “Inactive” until such time as the past due balance has been paid. We reserve the right to discharge these patients from our practice.

