

Anderson Hills Pediatrics, Inc.
7400 Jager Court, Cincinnati, OH 45230
(513) 232-8100 Fax (513) 624-3191

Anderson Hills Pediatrics, Inc.
1126 Ohio Pike Amelia, Ohio 45102
(513) 232-8100 Fax (513) 943-6154

Patient Name (Print): _____

Date of Birth: _____

FINANCIAL POLICY - ANDERSON HILLS PEDIATRICS, INC.

Billing is a courtesy and a cost we try to minimize. Payment is requested when service is rendered. New patients are asked to pay in full for the first visit if we are not the provider for your insurance. Copays are to be paid at each visit according to most insurance contracts. A \$10.00 billing fee will be assessed for each co-pay not paid at the time of service.

Insurance changes require copies of the insurance card and registration changes. Please come prepared with knowledge of your insurance information and coverage's in order for us to honor your policy. Our office and most insurance companies require a yearly signed registration and card copy for each patient to be placed in the patient chart. Our office may be penalized for failing to comply with this requirement. Therefore the patient will be responsible for all charges incurred until we are supplied with this information.

We reserve the right to charge for missed appointments, work-ins without appointments, returned checks, and unusual expenses or clerical services. These charges not covered by insurance and are in addition to copays. After-hours or emergency services involve extra charges that are billable to insurance, however not all polices cover these charges. Any services rendered considered "non-covered" by insurance plans will be the patients' responsibility and billed accordingly.

We strongly suggest you carefully study your insurance plan, especially with regard to emergency room visits and referrals to specialists. Failure to comply with provisions may result in loss or benefits. If you have any questions regarding Anderson Hills Pediatrics financial policies and procedures, please contact our insurance and billing department at 232-8100.

Roger W. Herman, M.D.

Mark E. McGovern, M.D.

Ann M. Saluke, M.D.

John J. Vennemeyer, M.D.

Petra Hackenberg-Bauer, M.D.

William G. Broderick, M.D.

Meri Le Schrader, M.D.

Remi Lawrence-Hylton, M.D.

James J. DePiore, M.D.

Anne M. Bever, M.D.

Katherine M. Brady, M.D.

Lori B. Gordley, D.O.

FINANCIAL RESPONSIBILITY AGREEMENT

I have read the above financial policy and understand that I am financially responsible for all charges not covered by insurance. I hereby accept responsibility for payment of charges deemed non-covered by insurance or affiliate materially involved, to include such charges that may arise from specific medical, clerical, or miscellaneous services which may fall outside the scope of my coverage.

Furthermore with respect to charges not covered for reason of services sought out of network or breach of the administrative processes of such parties (e.g. prior authorization), I understand that I am responsible to make known and act in accordance with such requirements and for payments of such services.

SIGNATURE _____

RELATIONSHIP _____

(PARENT OR GUARDIAN ONLY, CHILDREN UNDER 18 MAY NOT SIGN FORM)