



Financial Policy (2025)

At North Suburban Pediatrics, we are committed to providing high-quality care for your child in a transparent and respectful manner. To ensure a smooth experience for all families, we ask that you review our financial policies below. Please feel free to reach out to our office or billing team with any questions or concerns.

Insurance Coverage and Responsibility

North Suburban Pediatrics participates with many insurance plans. However, it is your responsibility to:

- Confirm that our providers are in-network with your specific insurance plan.
- Verify whether a particular service is covered or requires prior authorization.
- Understand how your plan defines wellness visit coverage (e.g., calendar year vs. rolling 12-month period).

We submit claims to your insurance as a courtesy, but if a claim is not paid within **60 days**, it becomes your responsibility to resolve the issue directly with your insurance provider.

Accurate Insurance Information

To ensure efficient billing, please:

- Provide your most current insurance information at every visit.
 - Notify us immediately if there are any changes in your coverage or if you receive a new insurance card.
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Copays and Billing

- **Copays are due at the time of service.** We are required by our agreements with insurance carriers to collect copays at the time of the visit and cannot bill them later.
- If additional health concerns are addressed during a **wellness visit**, your insurance may apply an additional office or sick visit charge.
- **Any remaining balance** after insurance payment is due **within 30 days** of receiving your statement.
- For any billing or financial concerns, please contact our **Billing Department** directly.

- Questions regarding coverage should be directed to your **insurance provider**.
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Missed Appointments

To respect everyone's time, we request that you cancel appointments by **10:00 a.m.** on the day of the scheduled visit. Failure to cancel on time will result in a **\$25 fee**.

Sunday and Holiday Appointments

There is an **additional \$40 fee** for appointments scheduled on Sundays or holidays, in addition to your regular copay. This fee must be paid at the time of service.

Sick and Follow-Up Appointments During Wellness Visits

If your provider addresses a separate or ongoing concern during a wellness visit, an additional office or sick visit charge may apply. This allows for comprehensive care during a single appointment but may result in **additional out-of-pocket costs** depending on your insurance coverage.

Divorced or Separated Parents

At North Suburban Pediatrics, our primary responsibility is to provide quality care for your child, regardless of family circumstances. We understand that divorce and custody arrangements can be complex; however, we are not a party to these legal agreements.

- Even if a **divorce decree** designates an ex-spouse or partner as responsible for medical expenses, we are not bound by that agreement.
 - We are required to collect payment for services rendered from the **parent or guardian** who brings the child in for care.
 - **Copays are due at the time of the visit**, regardless of any custody or financial arrangements.
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Newborn Coverage

Please make sure to add your newborn to your insurance policy as soon as possible.

- If enrollment is not completed within **30 days** of birth, services will not be covered, and you will be responsible for payment in full.
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Past Due Balances

- **Balances older than 60 days** will be considered past due and must be paid before your child's next scheduled appointment.

- If payment is not received, your appointment may be **canceled** and rescheduled once payment is made.
 - Unpaid balances may be referred to a **collection agency**, and a **25% collection fee** will be added to the balance.
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Payment Plans

We understand that financial challenges can arise, and we are happy to offer payment plans to help manage medical expenses. Our terms are as follows:

- **Written agreement required.**
 - **Minimum \$100 monthly payment.**
 - **Full balance must be paid off within 6 months.**
 - If a payment plan goes into default, the **full remaining balance** will be due immediately.
 - Continued non-payment may result in **collection actions** or dismissal from the practice.
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Assignment of Insurance Benefits / Payment Guarantee / Collection Fee

I hereby authorize payment to be made directly to North Suburban Pediatrics for insurance benefits payable to me. I understand that I am financially responsible for any covered or non-covered services as defined by my insurer that are not paid. If my account becomes overdue and is referred to a collection agency, a fee of up to **25% of the balance** may be added to the amount due. I accept responsibility for these additional charges.

Signature of Policy Holder:

Signature: _____

Date: _____

Relationship to Patient: _____

HIPAA Notice of Privacy Practices Acknowledgment

I acknowledge that I have received a copy of North Suburban Pediatrics' Notice of Privacy Practices, as required by HIPAA.

Patient Signature: _____

Date: _____

Thank you for your understanding and partnership in helping us deliver the best care possible. If you have any questions about this policy, please contact our office or billing team—we're happy to help!