HERITAGE
PEDIATRICS, PLLC

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Financial Policy & Expectations - 2026

CORE FINANCIAL RULES

- **Financial responsibility for services** rendered rests with the Parent or Legal Guardian as identified on the Household Patient Demographics Information Form, regardless of who brings the child to the visit.
- **Payment is due at the time of service**, including co-payments, co-insurance, deductibles, and personal balances, regardless of who brings the child.
- **Insurance is the patient's responsibility.** Any portion not paid by insurance for any reason is the responsibility of the parent/guardian.
- **A valid insurance card is required at every visit.**
- **Well visits may incur additional charges** if issues are addressed outside the scope of preventive care.
- **Missed or late-canceled appointments are subject to a $50 fee.**
- **A valid credit or debit card on file is required for all accounts. Balances owed may be charged in accordance with the Credit Card on File Agreement**

INSURANCE & BILLING (Brief Explanation)

- We submit claims to your insurance as a courtesy.
- Insurance coverage, eligibility, and benefits are determined by your plan.
- If insurance does not pay, or if eligibility cannot be confirmed, the balance becomes a personal responsibility.
- Authorization for non-guardian caregivers to consent to treatment does not transfer financial responsibility.

FEES & ADMINISTRATIVE CHARGES

Certain services, administrative requests, missed appointments, late cancellations, and prescription processing may result in fees that are the responsibility of the parent or legal guardian.
Fees are assessed per child or per request, are not billable to insurance, and are due at the time of service or billing.
Applicable fees and current amounts are available upon request and may change with notice. Current fees as of 1/1/26 are:

- **Missed appointments (no-shows):** $50 per child, per appt
- **Appointments canceled within two business days of the scheduled time:** $50 per child, per appt
- **Controlled substance (ADHD) prescription refills:** $10 per prescription episode sent
- **FMLA Paperwork:** $30
- **Physician Signed forms:** $10
- **Returned Checks:** $50
- **Alternate Vaccine Nurse Visit:** $25 per additional visit

SELF-PAY / PROMPT PAY DISCOUNT

Cash/self-pay accounts are eligible for a **30% prompt pay discount** when paid in full on the date of service. Discounts are not available after the date of service.

IMPORTANT REFERENCES

- **Credit Card on File Policy:** available upon request or scan here:
- **Office Policies:** See reverse side / separate document

OVER Please

Authorizations & Financial Acknowledgment

Assignment of Benefits

I assign and authorize payment of all medical and surgical benefits to Heritage Pediatrics, PLLC for services provided to myself and/or my dependents. I understand that I am financially responsible for any charges not paid by insurance.

Authorization to Release Information

I authorize Heritage Pediatrics, PLLC to release medical and billing information as necessary to process insurance claims, coordinate benefits, and obtain payment. A copy of this authorization is valid as the original and remains in effect unless revoked in writing.

Financial Responsibility Acknowledgment

By requesting care, I accept full financial responsibility for all charges incurred for services rendered, including amounts not covered by insurance. Payment is due in accordance with the Financial Policy.

Credit Card on File

I acknowledge that Heritage Pediatrics requires a credit card on file for all accounts and that balances owed may be charged in accordance with the Credit Card on File Policy, available separately.

Acknowledgment of Receipt

I acknowledge receipt and understanding of the following:

- Financial Policy
- Assignment of Benefits
- Authorization to Release Information for Billing
- Credit Card on File Policy
- Notice of Privacy Practices

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Signature of Parent/Legal Guardian Date