



Patients are responsible for all charges resulting from treatment provided by Metropolitan Pediatrics, LLC. **Payment is due within 30 days of statement billing unless other payment arrangements are made.** You will be responsible for all agency and/or legal fees incurred should your account be placed in a collection status.

Insurance

As a courtesy, we will bill most insurance carriers directly. Be advised, this does not guarantee payment and ultimate responsibility of the account is yours. You are responsible for deductibles, copays, non-covered services, coinsurance, and items considered “not medically necessary” by your insurance company. If you or your insurance carrier makes payment exceeding your balance, a refund will be issued.

Providing accurate insurance information is the responsibility of the parent/patient. Patients are expected to bring their current insurance identification card(s) to each appointment.

- ♥ **Oregon/Washington Welfare and Oregon Health Plan:** You may be asked to sign a waiver assuming financial responsibility for services not covered under the State Medicaid Program. Please be advised, Metropolitan Pediatrics, LLC, does not participate with every managed care program.
- ♥ **Motor Vehicle, Workers’ Compensation, or other Liability Claims:** Metropolitan Pediatrics, LLC, is unable to bill insurance carriers in liability claims. Settlements of these claims can take several months; full payment for the visit(s) or financial arrangements must be made at the time of service.

Copays

Copays are due at the time services are rendered. Failure to pay at the time of service will result in a \$15.00 late fee assessed to your account.

Bankruptcy

- ♥ **Insured Patients:** All applicable copays, coinsurance, and deductibles will be due at the time of service.
- ♥ **Non-insured Patients:** Payment in full is required at the time of service.

Divorced Parents

Both parents are **equitably** responsible for their child(ren)'s healthcare expenses, unless a court mandate stipulates otherwise. Disputes between parents will not be arbitrated by Metropolitan Pediatrics, LLC.

Returned Checks

Checks returned for insufficient funds will result in a \$25.00 fee assessed to your account.

Missed Appointments

If you cannot keep your appointment, please cancel 24 hours prior to the scheduled time or a \$50.00 "no-show" fee may be charged to your account.

Assignment of Benefits

I authorize my insurance carrier(s) to remit payment of benefits for any claim to Metropolitan Pediatrics, LLC. I understand that any ineligible or non-covered expenses are my responsibility.

I assign Metropolitan Pediatrics, LLC, as an Authorized Representative to:

- 1) Submit any and all appeals when my insurance company denies me benefits to which I am entitled;
- 2) Submit any and all requests for benefit information from my insurance company;
- 3) Initiate formal complaints to any state or federal agency that has jurisdiction over my benefits; and
- 4) Release all medical information necessary to process my claims.

I authorize any plan administrator or insurer to release any and all plan documents, insurance policy, and/or settlement information upon written request from Metropolitan Pediatrics, LLC. This assignment is valid for all administrative and judicial reviews under PPACA, ERISA, Medicare, and applicable federal or state laws. A photocopy of this assignment is to be considered as valid as the original.