JESUS A. BURBANO, M.D. L.L.C PEDIATRICS
FINANCIAL POLICY

Appointments – 24 hours notice is required to cancel appointments. We understand that conflicts occur, however, the more notice given, the better chance we have to appoint another child in need of care. We ask that you respect our schedule.

Assignment of Benefits – The practice will accept assignment of benefits **if** all of the pertinent information is correct, provided prior to the appointment and the insurance company will accept the assignment to the doctor.

Self-pay Patients - Payment is required at the time of service is being rendered. Below are the forms of payments that are accepted.

Patients with Insurance – Your insurance is a contract between you and your insurance company. **It is your responsibility to know your own coverage**. As a courtesy, we will file your claims. The patient pays the estimated portion, as calculated by the practice, at the time of the service. Any estimate given to you by the practice is purely "**an estimate**". The insurance companies do not guarantee any payment until they receive the claim, review it, and process it according to the specific plan allowable, deductibles and co-pays. If there is a balance after the claim is filed and insurance payment is received, a bill will be generated and sent to the patient for immediate payment.

Medicaid – **It is your responsibility to confirm your eligibility**. If you have Medicaid and do not disclose any other insurance coverage, Medicaid has the right to reject payment. You will then become financially responsible for the visit. If at the time of service you are not eligible with Medicaid you are responsible to pay for the service being rendered.

Payment Methods – We accept Cash, checks and credit cards: Visa, Master Card and Discover. All non sufficient funds transfers are subject to a returned item fee of $35.00.

I have read and understand the guidelines stated above and I accept the financial responsibility as explained to me.

Date: _____

Patient Name: _____ **Patient D.O.B:** _____

Parent/ Guardian Responsible _____

Signature **Print Name**