



Office Policies

Medication Refills

We require 24 business hours notice for all prescription refills.

Forms and Medical Records

We are happy to complete forms, such as daycare and school physical forms. They will be completed at no-charge if you are here for a visit or allow us 48 hours to complete. All forms requiring less than 48 hours will result in a \$5.00 fee per form. A standard medical record copying fee will be assessed should we send your child's medical chart to another physician.

Referral/Prior Authorization

It is your responsibility to know if your insurance company requires a prior authorization or written referral for a specialty service. You must notify our office before the appointment occurs. Our office will not be held responsible for services denied for lack of authorization.

No-Show Policy

We understand there are circumstances when an appointment cannot be kept. We require 24 hours' notice if you need to cancel your Well Child Visit. This allows us to offer this appointment time to another patient. We require 30 minutes' notice if you need to cancel your sick visit. Failure to notify our office will result in a \$10.00 no-show fee, not billable to your insurance company.

Responsible Party's Signature

Date

Financial Policies

Current Insurance

It is your responsibility to provide our office with your current insurance card at every visit. All insurance companies have specific timely filing guidelines that we must follow. **Failure to provide us with this important information may result in the denial of your claim. We will not file an appeal on your behalf with your insurance company. You will be responsible for paying the entire amount.**

Outside Services

Any services rendered outside of our office (ex: laboratory tests, x-rays etc.) are billed separately by outside facilities. We do our best to send patients to in-network facilities. It is your responsibility to know your insurance policy. There may be an in-network facility your insurance company requires you to go to. Clown Pediatrics, P.C. is not responsible for any out-of-pocket expenses you may accrue from using an out-of-network facility.

Divorcee Decree

Clown Pediatrics, P.C. will not forward bills to other parties regardless of court rulings or divorcee decrees. The adult that brings in the child is responsible for co-pays and deductibles.

Newborn Coverage

It is very important to add your child to your insurance policy within the first 30 days. If you fail to add your baby in a timely manner and there is a gap or lapse in coverage you will be responsible for cash payment for any service rendered.

Well Child/Routine Exams/Immunization Coverage

We do not verify benefit coverage with your insurance company. It is your responsibility to verify if your insurance plan covers routine well child exams including immunizations. This type of visit can cost up to \$900. Please contact our business office if you have determined your insurance will not cover our services. We are happy to make arrangements with you. Unfortunately, we are unable to discount our services after the visit has occurred.

Responsible Party's Signature

Date

Child's Name

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