



Financial Responsibility Agreement

Thank you for choosing Sweetgrass Pediatrics, LLC. After reading this Policy, please sign and date on the space provided. We will answer any questions you may have concerning our Financial Policy and a copy will be provided upon your request.

- 1. Insurance/Self Pay.** We participate in most insurance plans, however some patients may choose not to participate in an insurance plan, or participate in an insurance plan Sweetgrass Pediatrics has not contracted with. In those cases payment in full is expected at time of service. It is your responsibility to be familiar with your policy and Sweetgrass Pediatrics merely follows the guidelines set forth by your insurance company. Consequently, any issues regarding coverage should be discussed with your insurance carrier.
- 2. Co-Payments and Deductibles.** *All co-payments and deductibles must be paid at the time of service as set forth by your insurance carrier.* We try to familiarize ourselves with your carrier to verify coverage and provide you with an accurate collection of fees. Failure to collect co-pays and deductibles from patients can be constituted as Insurance Fraud.
- 3. Non-Covered Services.** Please be aware that some of the services you receive (other cases it may be ALL the services you receive) may not be considered necessary or reasonable by you insurance carrier, and consequently not covered with your policy. You are financially responsible for these services at the time of visit.
- 4. Proof of Insurance.** All patients must complete our Patient Registration form before seeing a doctor. We must obtain a copy of your driver's license and current valid insurance information to verify proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of the claim. Newborn patients should produce proof of Insurance or/ Medicaid coverage as soon as possible. If the child reaches 30 days of age and no proof of Insurance or/ Medicaid is provided, the parent/ legal guardian, or responsible party will be responsible for the entire bill.
- 5. Claims Submissions.** Sweetgrass Pediatrics normally submits your claims to your insurance carrier for you. Your insurance carrier however, may need additional information directly from you. It is important to comply with their requests in a timely manner considering that the balance of your claim and bill is ultimately your responsibility whether or not your insurance company pays your claim. If your insurance company does not pay your claim within 45 days, the balance is automatically billed to you.
- 6. Change in Coverage.** If you change insurance carriers, please notify us before your next visit to make the appropriate changes in the billing process and to help you receive maximum benefits. If we do not have the proper insurance information, as stated above, you are responsible for the total bill.
- 7. More than Two Policies.** Claims will be filed with only the primary and secondary insurance carriers, when applicable. If you have more than 2 carriers then all balances will be billed 'to patient' and it will be the responsible parties obligation to file for reimbursement.
- 8. Non-Payment.** If your account is more than 90 days past due, you will be advised that you have 30 days to pay your account balance in full. If your balance remains unpaid, you may be notified that you have 30 days to find alternative medical care. During that 30 day period, our physicians will only be able to treat you on an emergent basis.
- 9. Service Fees.** You will be assessed a \$20 service fee on all returned checks deemed Insufficient Funds in addition to the amount of the actual check.

Sweetgrass Pediatrics is committed to providing the best treatment and care to you and your family. As part of this commitment, we intend to support and promote our relationship with you. Thank you in advance for honoring this policy and if you have any questions, please feel free to contact us.

Signature of Parent, Legal Guardian or Responsible Person

Date

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748 Orangeburg Road, Summerville SC 29483, 843-832-8606, (Fax) 843-285-7272.

401 N. Live Oak, Moncks Corner SC 29461, 843-764-1722

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