

FINANCIAL POLICY

Pediatric Center for Wellness is dedicated to providing excellent care and understanding overall-service to every patient at every visit. In the interest of avoiding misunderstandings that may arise due to any financial matters, please take note of our financial policy.

Our office participates in most major health plans, but please remember:

- It is your responsibility to verify that Pediatric Center for Wellness is a participating health care provider in your health plan. This should be done prior to making an appointment.
- It is your responsibility to know your benefits and to understand that if services rendered are applied to your deductible or considered non-covered services, you will be responsible for payment.
- Co-pays are due at the time of service.
- Insurance cards must be brought to each visit so that we can ensure that we are billing the most current insurance plan.

Cancellation/No Show Policy & Late Arrival Policy

- PCW strives to accommodate as many same day appointments as possible in order to provide the best possible care to all our patients. Therefore, if you need to cancel an appointment, please provide 24 hours notice so we can offer the time to another patient. If sufficient notice is not provided, you could be considered a "no show."
- We ask that every patient arrives 10 minutes prior to their scheduled appointment to allow time for the check-in process. If you miss your appointment, we may have to reschedule you to accommodate all other patients on the schedule.
- Repeat violators of these policies could be dismissed from our practice.

By signing this form, I acknowledge that I have read and understood the above policies.

Printed Name

Signature

Date

HIPAA Acknowledgment

I acknowledge that I have received or have been given the opportunity to receive a copy of the HIPAA Notice of Policy Practices for Pediatric Center for Wellness.

Signature

Date

This acknowledgment will be scanned into the patient's permanent electronic medical record.