



**Association of Childcare Physicians, Ltd.**  
4969 Benchmark Centre Drive, Suite 100  
Swansea, IL 62226  
(618) 235-2311



## **Patient Responsibility Statement**

### **You should expect to do the following at each visit:**

- Verify your current insurance coverage, address and telephone number.
- Provide complete **new** insurance information, if there are changes.
- Pay current copays and past due balances.
- Arrive 10 minutes prior to your appointment time to fill out paperwork, etc. If you are more than 30 minutes late for your appointment, you may be asked to reschedule.

### **Health insurance – Your Responsibilities.**

- It is your responsibility to know the coverage and requirements of your health plan for radiology and lab/blood work services.
- It is your responsibility to know if your plan covers physicals and other preventive services, including all immunizations.
- It is your responsibility to bring your current card to **every** visit.
- Association of Childcare Physicians files insurance claims as a *courtesy* that we extend to our patients, *all charges are patient responsibility. We cannot guarantee payment of claims from your insurance company.*
- *Having a secondary insurance does not guarantee that services are covered 100%. Reduction or rejection of your claim by your insurance company does not relieve you of your financial obligation with our practice. Please remember that professional medical services are rendered and charged to the patient, not to the insurance company.*
- Association of Childcare Physicians fees fall within the usual and customary range of most insurance plans.
- If your insurance company has not paid your account in full within 90 days, the balance will be transferred to you for payment.
- We realize that personal circumstances may arise that may affect timely payment of your account. If this situation occurs, or where a claim is pending, it is recommended that a payment plan be initiated. Our Billing Department can assist you in setting up a payment plan if needed.
- Please notify our office when you have any changes in your insurance company, policy number, or coverage. This will help us keep your information current, and it will assist in prompt insurance payments to your account.
- We accept cash, checks, Visa, MasterCard and Discover for your convenience.

**There will be a charge for the following:**

- There will be a \$10.00 charge for any prescription that is called out during office hours.
- There will be a \$15.00 charge for any prescription that is called out after hours.
- There will be a \$25.00 charge for any returned checks.
- All balances 60 days past due will accrue a finance fee of 5%.
- If you are leaving the practice, we will release a patient's medical records for a processing fee of \$20 if your account is paid in full. Complete the **Release of Medical Records** form and fax, mail or deliver in person. If you would like just the immunizations records, we can process it free of charge as long as your account is up to date.

**Cancellation of Appointment/No Shows**

- If you are unable to keep your appointment, our office must be notified at least 24 hours in advance of the scheduled time. This will allow another patient in need to fill that appointment.
- Three missed appointments without notification may result in dismissal from our practice.

**By signing below the patient/guardian agrees that he/she has received a copy of this statement and agrees to the terms of this statement.**

Patient/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_