



New Horizons Pediatrics

## PATIENT FINANCIAL POLICY

New Horizons Pediatrics  
3945 Okemos Rd, Ste A1  
Okemos, MI 48864  
Phone: 517-295 5000  
Fax: 517-507 5424

Thank you for choosing New Horizons Pediatrics as your health care provider. We are committed to building a successful physician-patient relationship with you and your family. Your clear understanding of our patients' financial responsibility is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc).

### Co-pays

The patient is expected to present an insurance card at each visit. All co-payments and past due balances are due at time of check-in. **We accept cash, check, Debit or credit cards. If the personal check bounces, you will be charged a fee of \$25.**

### Insurance Claims

Insurance is a contract between the patient and his/her insurance company. In most cases, we are NOT a party of this contract. We will bill your primary insurance company as a courtesy to you. In order to properly bill your insurance company, we require that you disclose all insurance information including primary and secondary insurance, as well as, any change of insurance information. **Failure to provide complete insurance information may result in patient responsibility for the entire bill.**

Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits.

If your insurance company is not contracted with us or if your policy is such that your insurance only pays for a part of the services/immunizations provided, you agree to pay any portion of the charges not covered by insurance. If we are out of network for your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately. It is the patients' responsibility to check that their insurance is accepted by our office and they are in-network.