DELAWARE MODERN PEDIATRICS, P.A.

David M. Epstein, M.D.

300 Biddle Avenue, Suite 206
Springside Plaza, Connor Building
Newark, Delaware 19702
Phone: (302) 392-2077
Fax: (302) 392 - 0020

FINANCIAL POLICY

Delaware Modern Pediatrics, P.A. is doing everything possible to hold down the cost of medical care. You can help a great deal by reducing the number of bills we send to you. The following is a summary of our payment policy.

PAYMENT IS EXPECTED AT THE TIME OF SERVICE

Payment is required at the time services are rendered, unless other arrangements have been made in advance. This includes applicable coinsurance and copayments for participating insurance companies. Delaware Modern Pediatrics, P.A. accepts cash, personal checks (in-state only), VISA, MasterCard and Discover. **There is a service charge of $25 for returned checks.**

Patients with an outstanding balance (60 days or more overdue) must make arrangements for payment prior to scheduling appointments. We realize that many families are experiencing financial difficulties. If your family is struggling with medical bills, please contact us; we can help you find ways to make paying the bills less painful. Otherwise, in such circumstances, we may turn your account over to our collection agency (Transworld) in order for ongoing payments to be made and followed.

INSURANCE:

We bill participating insurance companies as a courtesy to you. You are expected to pay your deductible and copayments at the time of service. If we have not received payment from your insurance company within 45 days of the date of service, you may be expected to pay the balance in full. You are responsible to be sure all charges are paid, whether by you or by your insurance carrier.

INSURANCE COMPANIES Delaware Modern Pediatrics, P.A. PARTICIPATES WITH:

Aetna
Amerihealth
Blue Cross/Blue Shield of Delaware
Cigna
Coventry
Delaware Physicians Care
Diamond State Health Partners
Health Care Preferred
Keystone Health Plan East
Medicaid
Unison

(Note that if your insurance plan is not on this list, most likely we can still provide medical care for your children.)

FORM FEES:

We charge $10 for all Camp, School, Day Care, Sports or College forms that need be completed, unless you bring them on the day of your appointment.

MISSED APPOINTMENTS/LATE CANCELLATIONS:

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment. We reserve the right to charge $20 for missed or late-canceled appointments. Excessive abuse of scheduled appointments may result in discharge from the practice.

It is the patient's responsibility to provide us with current insurance information and to present the insurance card and identification at each visit. We will submit claims to secondary insurances if we have the proper insurance information.

Our Business Office staff is happy to assist our patients with any insurance questions related to filed claims, and to provide any additional information the carrier may need to process the claim. Specific coverage issues can only be addressed by the patient and the insurance company.

The adult accompanying a minor patient and the parents (or guardians) of the minor are responsible for payment at the time of service. For minors who are unaccompanied, nonemergency treatment may be denied unless payment arrangements have been made.

Our Financial Policy and Fee Schedule are posted in our office and on our website. You can ask our staff for a copy.

Our practice firmly believes that a good physician/patient relationship is based upon clear understanding and good communications. If you have any questions regarding our financial arrangements please feel free to contact our Business Office at 302-392-2077.

Thank you for choosing Delaware Modern Pediatrics, P.A. for your child's healthcare needs!

I have read and understand the Delaware Modern Pediatrics, P.A. Financial Policy. I agree to assign insurance benefits to the Delaware Modern Pediatrics, P.A. whenever necessary. I also agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed, I also will be responsible for the fee charged by the collection agency for costs of collections.

Signature of insured or authorized representative: _____

Date: _____