

Financial Policy for Dr. William J. Chung, MD

Thank you for choosing Pediatric Associates of Rochester Hills, PC as your health care provider. We are committed to your health and well-being. Please understand that payment of your services is considered part of your treatment. The following is a statement of our Financial Policy which we require you to read and sign prior to any treatment. All patients must complete this form before seeing the doctor.

FULL PAYMENT IS DUE AT TIME OF SERVICE

WE ACCEPT CASH, CHECKS, OR VISA/MASTER CARD

Regarding Insurance

We will bill your insurance as a courtesy to you, but if your insurance company has not paid your claim within 45 days, the balance will automatically be transferred to your account. Please be aware that some or all of the services provided may be non-covered services and not considered reasonable and necessary under your insurance policy. We will only bill an insurance claim once and if it is denied or returned for any reason it will then be your responsibility to pay the service in full. We can provide you with an insurance claim after you have paid your account in full and then you may collect from your insurance company. You need to understand that your insurance policy is a contract between you and your insurance company; we are not a party to that contract.

It is your responsibility to add your children to your insurance contract. If you do not and we bill your insurance, they will reject the claim. All new babies need to be added as soon as the baby is born. If you do not do this, then you are responsible for payment on the date of service.

It is your responsibility to choose *Dr. William J Chung, MD* as your child's primary healthcare provider, if your insurance requires. If you don't, your insurance will not cover the services and you will be responsible for payment.

It is your responsibility to know your insurance coverage. We cannot give advice or notice of services covered. Know your coverage before services are rendered. If your policy does not cover a service, you are responsible for payment.

Please let us know if you have any questions or concerns.

I have read the Financial Policy. I understand and agree to this policy.

X _____ Date _____
Signature of Responsible Party