East Nashville Pediatrics
3926 Gallatin Pike, Suite B
Nashville, TN, 37216
P: 615 882 4900
F: 615 622 8901
www.EastNashvillePediatrics.com

Financial Policy

East Nashville Pediatrics participates with most insurance plans. Each insurance policy is different and it is therefore impossible for us to know what are your particular benefits may be. Therefore, it's important to contact your insurance company if you have any questions regarding your benefits and for you to know what your payment obligations will be at the time of service.

Copayments and Deductibles

Depending on your insurance policy, a copayment and/or deductible may be required at the time of service. These payments are expected to be made at the time of service. Payment may be made in cash, by check or by card. We also accept Health Savings Account (HSA) cards for payment.

Please note that the copayment is a contractual requirement from the insurance company and cannot be written off by the clinic. If you participate in a High Deductible Health Plan (HDHP) and have not yet paid your deductible in full, it is likely that any non-preventive services will require payment at the time those services are rendered. Co-insurance may also apply after meeting your deductible. We are happy to discuss arrangements for payment by installment if you need to do so.

Please ensure that if you are unable to bring your child in yourself, whoever brings the child in is prepared to make all payments.

Credit Card on File[i]

East Nashville Pediatrics is committed to making our billing process as simple and easy as possible. We require that all patients provide a credit card on file with our office.
Your card will only be charged the outstanding amount that your insurance company determines to be patient responsibility, as detailed in your Explanation of Benefits (EOB). Once your card is charged, a receipt will be sent to you by email.

If you would like to make arrangements to pay the amount by installments, please notify the office in advance.

By signing below, I give East Nashville Pediatrics permission to charge my credit card for any patient balance due on my account. If I have insurance coverage, my card will be charged AFTER my insurance has paid their portion.

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Patients without Insurance Coverage

We are happy to work with families that prefer to pay directly for services or do not have insurance. For such patients, a time of service discount will be applied to the bill if settled in full on the day of service. This discount does not apply after the day of the visit. This discount can not be applied toward the "patient responsibility" portion of covered charges, as those charges are already discounted through the contract we maintain with your insurer.

Financial Arrangements:

We provide a variety of payment options because we realize that every family's financial situation is different. For your convenience, we accept all major credit cards and checks. (Returned checks will be subject to a $35 returned check fee). If the check is returned for any reason, you will have 7 days to contact our office and arrange another form of payment.

Appointments/Cancellations:

We gladly reserve appointment times for you and appreciate that you have chosen East Nashville Pediatrics for your care. As a courtesy, we will remind you of your appointment by calling and/or sending a text or email to remind you of your scheduled date and time. If we cannot speak to you directly, we will leave a message for you. However, in the event your mailbox is full or your line is busy, our efforts to contact you may be unsuccessful. An appointment is a contract of time reserved for your treatment. We respect our patient's valuable time and we request the same courtesy from our patients. Please extend this courtesy should you need to cancel and/or reschedule your appointment.

We reserve the right to charge $25 for regular appointments cancelled without advance notice of at least 1 business day. Appointments that are scheduled for the same day and then cancelled, as well as no-shows for an appointment, may be assessed a $50 charge. After three no-shows or same-day cancellations, your family may be dismissed from the practice.

Late Fees:

I understand that my account becomes delinquent if not paid within 30 days after billing and the unpaid balance becomes subject to a monthly finance charge of 1.5% (18% APR) or $35, whichever is greater. Any further delinquency will warrant the balance and any administrative fees being assigned to a collection agency.

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Patient/Parent/Guardian Responsibility:

- I understand that whomever accompanies my child to their appointment has authorization to consent to medical care as needed, and is responsible for payment of medical services.
- I acknowledge my responsibility for payment of all services provided by East Nashville Pediatrics in accordance with the practice's fees and terms.
- In the cases where a parenting plan exists, the parent that brings the child in for the appointment is considered the guarantor and is responsible for payment.

Divorced/Separated Parents and Custodial Arrangements

East Nashville Pediatrics does not get involved in disputes between divorced, separated or custodial parenting arrangements regarding financial responsibility for their child's medical expenses. By signing as guarantor below, you agree to be financially responsible for the care we provide to your child, regardless of whether a divorce decree, custodial or other arrangement places that obligation on your former spouse or the child's other parent. We will be happy to provide receipts for paid medical bills for you as requested.

I have read and understood the above policy and agree to it.

Patient's name: _____ Patient DOB:_____

Signature or Responsible Party (Guarantor): _____

Printed name: _____

Relationship to patient: _____

Date ___/___/_____

Witness signature: _____

Note: The patient (or guarantor) must sign this sheet and present valid photo identification before the patient can be seen. This is for your protection and to prevent fraud.

[i] **This policy does not apply to patients with Medicaid and Medicaid HMO insurance**