



Cordero, Perez-Silva & Rodriguez, MD PA

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Name: _____

DOB: _____

FINANCIAL POLICY

Thank you for choosing Cordero, Perez-Silva & Rodriguez, PA for your child's health care. We are committed to providing quality medical care for your children. In order to reduce potential misunderstandings, our office has adopted the following Financial Policy. We require that you read it and agree to abide by it prior beginning treatment.

Insurance

Your insurance policy is a contract between you and your insurance plan. We cannot efficiently bill your insurance company unless you provide us with current and valid insurance information. As a courtesy, we will file claims to those plans with which we have a contracted agreement. If, however, your insurance company does not pay the claim within a reasonable amount of time, we will look to you for payment. All health plans are not the same and they do not always cover the same services or facilities. In the event that your health plan determines that a service is "not covered," you will be responsible for the entire charge. It is your responsibility to pay any deductible amount, co-insurance or any other balance not paid for by your insurance. This office is not responsible for disputing decisions made by your insurance carrier regarding coverage. It is the policy of this office to turn accounts with balances overdue for 60 days or more to a collection agency. We would prefer not to take this course of action as it may adversely affect your ability to obtain credit in the future.

We expect you to familiarize yourself with the benefits and limitations of your insurance policy including, but not limited to: deductible and co-payment amounts as well as approved labs, radiology facilities, and hospitals contracted with your plan. It is your responsibility to notify our office when either your insurance plan or benefits change. Any costs (e.g., collection fees and/or legal fees, including attorney fees) incurred by this office because of incorrect information you provided to us will be passed on to you.

If you have insurance coverage with a plan with which we do not participate or you currently have no health insurance, charges for your child's care and treatment are due at the time of service, unless prior financial arrangements have been set up.

Special Procedures

We provide certain special procedures, including but not limited to laceration suturing and repair and ear piercing as a convenience to our patients. These procedures are not billed through insurance companies but are rather a "flat-fee" service. You will be notified before you are seen whether the service falls under this category. Full payment is due at the time of service.

Deductibles / Copays / Payments

Our insurance contracts require us to collect deductible amounts and copays at the time of service. For your convenience, we accept cash, check (in-state only), Visa and Mastercard. (All checks returned by the bank will be subject to a \$25 charge). Payment for past-due balances for previous services rendered is also expected when your child is seen in this office. All accounts sent to a collection agency will be charged a 25% service fee for collecting overdue accounts. Accounts become overdue after 90 days and will be sent to our collection agency for processing.

Minors

A parent/legal guardian must accompany a patient under the age of 18 years on every visit to our office.

I hereby authorize Cordero, Perez-Silva & Rodriguez, PA to release information required by my insurance company for payment of my child's medical bills or to review activities related to my healthcare provider's participation in my health plan. I assign Cordero, Perez-Silva & Rodriguez, PA any and all benefits to which the patient or insured party is entitled for medical services rendered.

I have read this Financial Policy and agree to abide by it.

Patient, Parent or Guardian

Date