



# DEVELOPMENTAL PEDIATRICS HEALTH & WELLNESS PC

DR ASMA J SADIQ, MD FAAP

## Office Policy on Insurances and Payments

As a courtesy to you; our office participates with several insurance carriers. Please familiarize yourself with your insurance's practices and policies.

1. If your insurance carrier requires you to pay a portion of your healthcare visits (i.e. copays), we are legally required to collect these and no exceptions will be made. You are required to pay your copay at the time of your visit.
2. If your insurance requires you to meet an annual deductible before your healthcare is covered, you will be billed for the services rendered if you have not met your deductible.
3. You will be asked to leave a credit card number at the time of check in. This information will be held securely until your insurances have paid their portion and notifies us of your share. At that time any remaining balance owed by you will be charged to your credit card, and a copy of the charge will be mailed to you. Please note that this will not compromise your ability to dispute a charge or your insurance company's determination of payment.
4. If your child cannot make the scheduled appointment time, you must notify the office 24 hours prior to the scheduled appointment. If we are not notified 48 hours prior to the appointment, there will be a \$100.00 cancellation fee per child/per appointment.

I, \_\_\_\_\_ (print name) authorize Developmental Pediatrics Health/Wellness, PC to charge outstanding balances/cancellation fees to the following credit card:

	Account Number	Expiration Date	3 digit # on back of card
American Express			
Master Card			
Visa			
Discover			

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

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