

# Wee Care Pediatrics

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## Payment Policy

Thank you for choosing Wee Care Pediatrics for you child's medical care. The following is an explanation of our payment procedures and office policies.

1. Payment is due at the time of service. We do not bill for deductibles or co-pays. We accept cash, Visa, MasterCard, Discover, and American express. We do not accept personal checks.
2. The parent or guardian who brings the child for their visit is responsible for payment independent of what a divorce decree may say. Reimbursement must be made between the divorced parents-we will not intervene.
3. Appointments must be cancelled within 4 hours of the scheduled time in order to avoid a \$25.00 no show fee.
4. Outstanding balances must be paid prior to any future visits, unless emergent.
5. Account balances that exceed 90 days past due are sent to an outside collection agency. You will be responsible for all collection and legal fees that accrue by the outside agency.
6. We do not bill secondary insurance plans. We will gladly bill your primary insurance and provide you with a receipt for your co-pay.
7. Patients utilizing our cash pay program must pay at the time of visit. There may be additional charges for procedures, medications, or lab tests.
8. In order to bill your insurance company, we must have a valid insurance card. If you are unable to obtain a card, we need the Insurance companies name, phone number, and mailing address. We also must have your Identification/member number, and group number. Otherwise we will ask you to pay our cash pay rate for the visit until you can obtain complete insurance company information. You will be reimbursed after Insurance payment.
9. Most importantly, Wee Care Pediatrics wants the best care possible for your child and we understand you may have certain financial difficulties. Please feel free to discuss any financial matters with our billing department.

I have read the above policy and agree to the terms of this agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_