



Welcome to
HUNT CLUB PEDIATRICS ASSOCIATES, LLC
 Your Home for exceptional Pediatric
 Healthcare

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Financial Policy

Thank you for choosing Hunt Club Pediatrics as your health care provider. The following is a statement of our Financial Policy, which we require you to read and sign prior to treatment. Please understand that payment of your bill is considered part of your care.

Due to the frequent changes in health insurance coverage, we require that you provide proof of insurance coverage at each visit. If you are unable to provide proof of insurance, or are on a plan in which we do not participate, or have no insurance coverage, payment is required at the time of your visit.

For those plans with which we do not have a relationship, you will be responsible for your entire bill at the time of service. We will provide you with a copy of your superbill at each visit so you will be able to file your claims with your insurance company. If we are a participating provider, we will file a claim for services rendered, although all co-pays and co-insurance amounts are due at the time of service.

If you are scheduled for a WCC (Well Child Check-up) and other health concerns are brought up that would typically require a separate visit, your insurance company may consider these two-separate visits and bill your co-pay and other charges accordingly. Additionally, if it is determined that we need to treat a medical condition or must order additional tests or labs at the WCC (Well Child Check-up), your bill will reflect all services rendered. You may consider the appointment as one visit, but your insurance company may not. In that case, you could be billed for co-pay, Co-insurance or the service could be applied towards your yearly deductible.

Should there be a dispute with your insurance company, we will attempt to resolve it for you. During this time, a statement will be mailed to you each month that your account shows a balance due for all insurances other than HMO's. If your insurance has not paid within 90 days the balance may be transferred to your personal balance, which must be paid upon receipt. Your insurance policy is a contract between you and your insurance company. Even though you have health insurance, you as the guarantor are responsible for payment of all services provided to you by Hunt Club Pediatrics. Therefore, it is your responsibility to notify Hunt Club Pediatrics immediately of any insurance changes, to ensure the correct insurance carrier is billed for services rendered. If there is a change in your insurance company please ensure we are listed as the PCP, if a PCP is required to receive payment.

Newborns

It is important that you add your newborn to your insurance policy within the first 30 days of life to prevent any lapse in coverage. Please contact your employer (human resources department) or insurance carrier to start the process and ensure all the proper paperwork has been submitted.

Vaccine for Children (VFC) Program

Children who are insured but do not have vaccine coverage, enrolled in Medicaid, or are either American Indian or Native Alaskan qualify for the Vaccines for Children Program. The vaccines are provided free of charge but there is an administration fee, which is your responsibility. If your child qualifies and you would like to participate in the VFC Program, you must let the staff know. We cannot implement this program retroactively.

Divorce, Separation, and Custody Agreements

Hunt Club Pediatrics will not be party to custodial, separation or financial disputes relating to individuals with regards to minor children to whom services are provided. The individual who requests the medical services and sign the financial agreement is responsible for any balance due. All co-pays, co-insurance, and deductibles, if applicable, will be collected at the time services are rendered. We will not call the other parent for consent. Both parents have rights to the minor medical records unless there is a court order that mandates only one parent should have the records.

_____ Initials

Patient Name: _____

Signature: _____

Date: _____