

LYNNFIELD PEDIATRICS

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Lynnfield, MA 01940
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Patient Financial Responsibility Disclosure Statement

Your signature below forms a binding agreement between Lynnfield Pediatrics (the provider of medical services) and the Patient who is receiving medical services, or the Responsible Party for minor patients (those patients under 18 years old). A Responsible Party is the individual who is financially responsible for payment of medical bills.

All charges for services rendered are due and payable at the time of service.

MEDICAL INSURANCE: We have contracts with many insurance companies, and we will bill them as a service to you. As the responsible party, you are responsible if your insurance company declines to pay for any reason.

The person signing on behalf of the Patient as the Responsible Party must:

- Inform Lynnfield Pediatrics of the current address and phone number for the patient and the responsible party.
- Present all current insurance cards prior to each office visit.
- Verify at each visit that the Patient's information is current
- Confirm that we take the Patient's insurance
- Pay any required copay at the time of the visit.
- Pay any additional amount owing within 30 days of receiving a statement from our office. *(When Lynnfield Pediatrics receives an explanation of benefits (EOB) from your insurance company, any amounts that you need to pay will be billed to you).*

Returned Check Policy

If a payment is made on an account by check, and the check is returned as Non-Sufficient Funds (NSF), Account Closed (AC), or Refer to Maker (RTM), the patient or the Patient's Responsible Party will be responsible for the original check amount in addition to a \$25.00 Service Charge. Once notice is received of the returned check, Lynnfield Pediatrics will call or send out a letter to notify the Responsible Party of the returned check. If the Patient or the Responsible Party does not respond within 15 days from the date on the letter, the account may be turned over to our collection agency and a collection fee of 50% will be added to the outstanding balance – in addition to the \$25.00 Check Service Charge.

Non-Payment on Account

Should collection proceedings or other legal action become necessary to collect an overdue account, the patient or the patient's Responsible Party, understands that Lynnfield Pediatrics has the right to disclose to an outside collection agency all relevant personal and account information necessary to collect payment for services rendered. The patient, or the patient's Responsible Party, understands that they are responsible for all costs of collection including, but not limited to, interest due at 18% APR, all court costs and Attorney fees, and a collection fee of 50% which will be added to the outstanding balance.

By signing below, you agree to accept full financial responsibility as a patient who is receiving medical services, or as the responsible party for minor patients. Your signature verifies that you have read the above disclosure statement, understand your responsibilities, and agree to these terms.

Patient (Child's) Name _____
Please print

Responsible Party _____
Please print

Responsible Party Signature _____ Date _____