

*WEST ALABAMA PEDIATRICS
FINANCIAL POLICY*

We are committed to providing your child with the best possible medical care. If you have special financial needs, we are willing to work with you. The following information is provided to avoid any misunderstanding or disagreement concerning payment for professional services.

WE WILL FILE INSURANCE AS A COURTESY; HOWEVER YOU ARE ULTIMATELY RESPONSIBLE FOR YOUR CHILD'S CHARGES.

1. Our office participates with a variety of insurance plans. It is your responsibility to:
 - Bring your insurance card and photo I.D. to EVERY visit
 - Pay your co-payment and/or any deductibles at EVERY visit...
Payment can be made by check, cash or credit card. We accept VISA, MasterCard and American Express. WE DO NOT BILL FOR CO-PAYMENTS
 - Pay in full for any medical care or services that are not covered by your insurance plan.
2. If your child has insurance that we do not participate with, or your child does not have insurance, payment in full is expected at the time of service.
3. If your insurance plan is an HMO or POS policy it will require you to choose a PCP (Primary Care Physician). You will need to choose Dr. Walburn. If your insurance card lists the name of a physician other than Dr. Walburn at the time of appointment you will be required to pay at the time of service until you change your PCP to Dr. Walburn.
4. Secondary Insurance: We will file secondary insurance, if you have provided us with that information in a timely manner.
5. You are financially responsible for all charges incurred during your child's care and treatment, including any amount not covered by your child's insurance policy.
6. If you have any questions about your insurance, we will be happy to try to help. However, specific coverage issues should be directed to your insurance company member services department. The Telephone number is usually located on your insurance card.
7. To protect your child's medical records, we ask you to provide our office with a valid driver's license or other photo I.D. Annually, or as changes occur, we will ask you to update and sign our Family Information Form.
8. In cases of divorce and/or separation, the legal guardian and/or the person bringing the child in for services will be held responsible for paying any balance originating from that visit. If someone other than the legal guardian is financially responsible, you will still be responsible for any charges incurred at this office. Upon request we can provide a copy of the claim/bill.

Name of Child

Date of Birth

SIGNATURE OF UNDERSTANDING: I have read, understood & agree to the above stated financial policies.
