



Financial Policy

All Starr Pediatrics, LLC participates with most insurance plans. Each insurance policy is complex and dynamic. Because of this, it is not possible for us to know the details of your specific benefit plan. Therefore, it is important to contact your insurance company if you have any questions regarding your benefits, and for you to know what your payment obligations will be at the time of service.

Copayments and Deductibles

Depending on your insurance policy, a copayment and/or deductible may be required at the time of service. These payments are expected to be made at the time of service. Payment may be made in cash, by check or by card. We also accept Health Savings Account (HSA) cards for payment.

Please note that the copayment is a contractual requirement from the insurance company and cannot be written off by the clinic. If you participate in a High Deductible Health Plan (HDHP) and have not yet paid your deductible in full, it is likely that any non-preventive services will require payment at the time those services are rendered. We are happy to discuss arrangements for payment by installment if you need to do so.

Please ensure that if you are unable to bring your child in yourself, that whoever brings the child to the office is prepared to make all payments.

Credit Card on Fileⁱ

In order to make sure that we can collect your portion of the bill once your insurance company processes the claim, we require that a valid credit card be kept on file with the practice. Your card will only be charged the outstanding amount that your insurance company determines to be 'patient responsibility', as spelled out in your Explanation Of Benefits (EOB). Once your card is charged, a receipt will be sent to you by email.

If you would like to make arrangements to pay the amount by installments, please notify the office in advance.

Patients Without Insurance Coverage

We are happy to work with families that prefer to pay directly for services or do not have insurance. For such patients, a time of service discount will be applied to the bill if settled in full on the day of service. This discount does not apply after the day of the visit.

No-Show Fee

Missing an appointment without giving prior notice to the practice deprives other patients of the chance to take a slot that opens up. We require notice of **at least 1 business day** for all cancellations. Failure to notify the clinic in a timely manner will result in a no show fee of **\$25**. Repeated no-shows will result in the family being advised to transfer care out of the practice.



I have read and understood the above policy and agree to it.

Signature _____

Date ___/___/_____

Name _____

Relationship to patient _____

ⁱ **This policy does not apply to patients with Medicaid and Medicaid HMO insurance**