



## Financial Policy

### Jackson Pediatric Associates, LLC

Jackson Pediatrics believes that part of good healthcare practice is to establish and communicate a financial policy to our patients. We are dedicated to providing the best possible care for you, and we want you to completely understand our financial policy.

1. **Payment** is expected at the time of your visit. We accept cash, check or credit card. Payment due will include any co-payment, co-insurance, unmet deductible, and/or non-covered charges by your insurance company. If you do not carry insurance, payment in full is expected at the time of your visit.
2. **Insurance:** We are participating providers with several insurance plans. We will file claims for all such plans. Please remember that health insurance is a contract between the patient and the insurance company; ultimately the patient is responsible for payment in full. If your insurance company does not pay the practice within a reasonable period of time, you will be billed. If we later receive payment from your insurer, we will refund any overpayment to you.

### Financial Policy Acknowledgement

I have had the option to review the Financial Policy for Jackson Pediatrics. I understand that a copy is available to me at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name