

Rocky Hill Pediatrics Office Policies

1084 Cromwell Avenue

Rocky Hill, CT 06067

1. **Insurance.** We participate in most insurance plans. Please check with your policy carrier to determine if we are in network with your plan. Many insurance policies have plans that require copays and/or deductibles. Please be advised that all copays and deductibles are collected at the time of visit. You may contact your insurance carrier with questions about your plan. Your knowledge of your plan empowers you, so you are not surprised by any fees.
2. **Proof of insurance.** It is our policy to request a copy of your child's insurance card. Providing verification of insurance will reduce the possibility of errors when submitting claims to your insurance provider.
3. **Changes in insurance.** Please notify us if there are any changes to your insurance so we may update your account. It is our policy to inquire about insurance when scheduling appointments and upon your arrival at our office.
4. **Non-covered services.** Please be aware that some or all of the services your child receives may be considered "not covered" or "not necessary" by your insurance. These charges will become the responsibility of you, the parent.
5. **Claims submission.** We will submit your claims in a timely manner and assist you in any reasonable way to get your claims paid. Your insurance carrier may require certain information from you in order to process your claim. It is the responsibility of you, the parent, to provide that information in a timely manner. Please be aware that the balance of the claim is your responsibility. Your insurance benefit is a contract between you and your insurance carrier. Rocky Hill Pediatrics is not a party in that contract.
6. **Appointments.** Our goal is to provide excellent care to all our patients and to be mindful of their time. With that in mind, we kindly ask that you arrive 10 minutes prior to your appointment. This enables our front office staff to review your current information and check your child in on time. Unfortunately, if you are more than 15 minutes late, we reserve the right to reschedule your child's appointment.
7. **Missed appointments.** It is our policy to charge for missed appointments that are not cancelled with 24 hours' notice. A fee of \$50 will be assessed to your child's account for any missed appointment. This fee is not covered by insurance and is the sole responsibility of you, the parent.

8. **Billing.** While our providers are here to help your child attain their best health, Rocky Hill Pediatrics is a functioning business. Parents will be made aware of any balances due and are expected to pay the balances at the time of visit.

We at Rocky Hill Pediatrics take patient care very seriously. If at any time you have any questions or concerns regarding your child's care either administratively or clinically, please inform the office.

Print Name

Date

Signature