

Pediatric Surgery Group, LLC
2130 Millburn Avenue
Maplewood, NJ 07040

FINANCIAL AGREEMENT

We are dedicated to providing the best possible care for you and we want you to completely understand our financial policies. Please ask if you have any questions about our fees, financial policy or your financial responsibility.

- **APPOINTMENTS** – 24 hour notice must be provided in the event you cannot keep an appointment. Should you not provide this notice; a cancellation fee of \$50 may then be added to your account.
- **SELF PAY PATIENTS** – Payment is expected at the time of service unless other arrangements are made prior to your visit.
- **OUT OF NETWORK PLANS** – If we do not participate with your plan, as a courtesy we will file a claim on your behalf. We will work with you and your insurance carrier for maximum reimbursement. Please remember that your insurance policy is a contract between you and your insurance company. Ultimately any unpaid balance will be your responsibility.
- **DIVORCED/SEPARATED PARENTS OF MINOR PATIENTS** – The parent who consents to the treatment of a minor child is responsible for payment of services rendered. Pediatric Surgery Group, LLC will not be involved with separation or divorce disputes.

You are responsible for the timely payment of your account. Should it become necessary for us to use an outside agency to collect payment from you, you will be additionally responsible for whatever charges we incur as a result of this.

We accept cash, checks, MasterCard, Visa or Discover cards.

Thank you for taking the time to review our policies. Please feel free to ask any questions.

Signature

Date