

Financial Policy

**Proof of Insurance**

We must obtain a copy of your insurance card and we must be able to verify the insurance as proof of current and valid insurance. If you fail to provide us with the correct insurance information, you will be responsible for the balance of the charges for services you receive and must be paid at time of visit. (MassHealth programs do not apply).

**Insurance**

Your insurance policy is an agreement between you and your insurance company. You are responsible for knowing your insurance benefits. If your insurance changes, please notify us before your next visit so we can update your information accordingly. If you have no insurance, you will be responsible for all charges for services you received, and payment will be expected at time of visit (MassHealth programs do not apply).

**Copayments, Coinsurance, and Deductibles**

All co-payments are due at time of visit. All coinsurances and deductible payments are due upon receipt of the first billing statement and must be paid directly to Pediatric Care Associates.

**Nonpayment**

You understand and agree that you are responsible for all fees associated with services rendered, including but not limited to non-covered services, co-payments, coinsurance, and deductibles. Please be aware that if you fail to pay these fees, Pediatric Care Associates may seek alternative methods to collect these unpaid monies.

Thanks,

Pediatric Care Associates