

**WeeCare For Kids, PA**  
11948 Balm Riverview Road  
Riverview, FL 33569  
Phone: (813) 236-9000  
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## FINANCIAL AGREEMENT (Page 1 of 4)

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **FINANCIALLY RESPONSIBLE PARTY**

This is a financial agreement between WeeCare For Kids, PA and the Financially Responsible Party for the Minor(s) named on this form. By executing this agreement, you, as the financially responsible party, are agreeing to pay for all services that are rendered.

Once you have signed this agreement, you agree to all of the terms and conditions contained herein. **Failure to provide all the following information for the Financially Responsible Party will result in payment in full due at the time of service.**

\_\_\_\_\_

Financially Responsible Party - Print Name

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Financially Responsible Party - Address

\_\_\_\_\_

City

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Financially Responsible Party - Social Security Number

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Financially Responsible Party - Signature

\_\_\_\_\_

Today's Date

Office use:

Family Account # \_\_\_\_\_

Financial Agreement Reviewed by \_\_\_\_\_

## FINANCIAL AGREEMENT AND POLICIES (Page 2 of 4)

The following details your financial responsibility:

**Payment is Due at the Time of Service:** Payment includes but not limited to all copayments, deductibles, coinsurance and all past due balances. Payment is required regardless of who brings the child for the appointment. Babysitters, grandparents, divorced parents, etc. must be prepared to make payment at time of service.

WeeCare For Kids accepts cash, check, VISA and Mastercard.

- If you are unable to pay at the time of service, and have not made other arrangements prior to the appointment, a \$15 service charge will be applied to the day's visit.
- **Payment by Credit Card/Credit Card on File (CCOF):** WeeCare For Kids has a policy requiring a credit card be held on file. You agree to keep your credit card information current and authorize WeeCare For Kids to securely store your credit card information. The storage system used is fully compliant to the highest level of credit card storage security regulations. Your card will be charged for outstanding balances after claims have been processed or any charges from office policies requiring payment. Your financial responsibility appears on your Explanation of Benefits from your insurance company. These charges normally appear around 2 weeks after your office visit and are your responsibility to review. You understand that there is a \$25 service charge for any invalid cards or insufficient funds.
- **Refusal of Credit Card on File:** If you refuse to place a credit card on file with our office, **a retainer of \$50 must be placed AND maintained on your account** that would be used for outstanding balances after claims have been processed or any charges from office policies requiring payment. Your financial responsibility appears on your Explanation of Benefits from your insurance company. These charges normally appear around 2 weeks after your office visit and are your responsibility to review. Recurrent issues of unpaid balances will require payment in full at the time of service.
- **Returned Checks:** There is a service charge up to \$40 for all returned checks. All future payments will be required to be cash or credit card.

**Missed Appointment Fee:** When a patient does not show up for an appointment, or cancels with less than 24 hours notice, a fee will be charged. The fee ranges from \$30 to \$75 depending on the type of appointment and must be paid before a new appointment can be scheduled. Please refer to Appointment Cancellation, No Show and Late Policy. These fees will be charged same day to CCOF or retainer. Families with three (3) missed appointments may be asked to transfer their care to another practice.

**After Hours Office Services:** Please be advised additional fees may be applied for services rendered after hours, which includes evenings after 5:15 pm.

**After Hours Telephone Services:** At this time after hours support is complimentary for emergency situations.

**Medical Forms:** The office requires at least three (3) business days to complete requested paperwork. Most forms require a fee to complete. The fee is due at the time of the request. There is a \$5 mailing fee if any form(s) is requested to be mailed.

**Surplus On Account:** If you make a payment that results in a surplus on your account, you authorize WeeCare For Kids to apply the overpayment to any other account for which you are financially responsible.

**Refunds:** Refunds can be requested if the credit amount is over \$30 and there are no pending insurance claims. Refunds will be issued within 4-6 weeks from the date requested. You will be notified and ID is required for pick up.

**Third Party Liability Injuries:** If you receive treatment as a result of a third party liability injury (example: motor vehicle accidents, premises liability, or other general liability claims), the balance for services rendered is due **in full** at the time of the service. We will not accept delay in payment due to settlement disputes or litigation. We will not accept a letter of protection from any attorney as a guarantee of payment or assignment of third party insurance payments. WeeCare For Kids cannot act as administrator to resolve financial arrangements. It is your responsibility to submit any claims to your third party insurance.

## FINANCIAL AGREEMENT AND POLICIES (Page 3 of 4)

**Insurance:** Insurance is a contract between you and your insurance company. We are not a party in this contract. It is important for you to understand the specifications of your insurance policy - visit coverage including well visits, vision and hearing screens, vaccine coverage, referral/authorization requirements, radiographs, laboratory tests, urgent care facility care. It is the insurance company that makes the final determination of your eligibility, benefits and cost. We are unable to negotiate or change any policy requirements. Again, this is YOUR contract.

WeeCare For Kids is not responsible for filing your insurance claims, but as a courtesy we will do so to your primary insurance carrier provided you agree to the following:

- Your insurance company may not accept information from our office and may need information from you. It is your responsibility to comply with their request in a timely manner. You are responsible to ensure that you respond to any correspondence from your insurer including any inquiry about coordination of benefits (COB), so claims can be processed quickly.
- Although we may estimate your insurance benefits and balances, we are not responsible for their accuracy. There may be a subsequent balance owed to WeeCare For Kids once the insurance company has submitted payment and assigned responsibility. You agree to pay any portion of the charges not covered by insurance.
- WeeCare For Kids will bill your primary insurance company as a courtesy. Failure to provide complete and up to date insurance information, INCLUDING A COPY OF THE INSURANCE CARD, at the time of visit may result in you being responsible for the entire bill.
- If WeeCare For Kids has not received payment from your insurance company within 90 days from the date of service, you will be responsible for paying the balance in full.
- All charges not paid by your insurance company are your responsibility REGARDLESS of the reason for nonpayment.
- WeeCare For Kids will NOT file secondary insurance claims, except for Tricare.
- Managed care plans (HMO's) require you to chose a primary care provider (PCP). Be sure the doctor you have chosen as the PCP is from WeeCare For Kids. We are unable to do this for you, and must be done prior to the office visit. Failure to assign the correct PCP may result in you being responsible for the entire bill if the insurance company denies the claim submitted by WeeCare For Kids.
- Due to the complexity of Market Place/Self Funded plans, it is required that a credit card remain on file with WeeCare For Kids if the patient is covered under such a plan. If you refuse to maintain a credit card on file or the account falls into a "grace period", payment of all services is due in full at the time of service and all appointments thereafter.

You can submit claims to your insurance for personal reimbursement. Please let us know if you need a receipt that includes all information necessary for submitting claims to your insurance company.

**Self Pay:** Self-pay accounts are patients without insurance coverage, patients without an active insurance plan on file at WeeCare For Kids, or potentially patients with insurance coverage with a plan for which WeeCare For Kids is considered out-of-network by the insurance company.

- Self-pay patients will receive a 25% discount on all professional services rendered when payment is made in full at the time of service and where no claim form is prepared or billing statement has to be mailed.

**Additional Charges:** Please be aware that some services like in-house lab tests, vision screens, hearing screens, etc may be considered non-covered under your insurance policy or applied to your deductible. It is the patient's responsibility to be aware of the individual policy restrictions, guidelines, and coverage.

- In-house lab tests, venipunctures, injections, or procedures may result in additional expenses.
- Please be aware that issues addressed during your Preventive (Well) Visits that are not related to the wellness exam could result in additional charges.

## FINANCIAL AGREEMENT AND POLICIES (Page 4 of 4)

**Balance on the Account:** If you have a balance on your account, it is your responsibility for following your insurance EOB. WeeCare For Kids will not send a monthly statement per the Credit Card on File policy.

- Unless other arrangements are approved in writing, the balance on the account is due when your insurance EOB has been issued and is past due if not paid within 30 days.
- There will be a statement fee of \$10 per statement if a statement must be mailed in regards to a due balance. WeeCare For Kids will send at most two (2) statements requesting payment. If after 60 days there still is no payment or arrangements made for payment, the account will be considered delinquent.
- A finance charge of 1.5% will be imposed every thirty (30) days the account is past due and there is no payment or financial agreement plan in place.
- Patients with an outstanding balance of 60 days overdue must make arrangement for payment prior to scheduling future appointments.
- We do understand that temporary financial problems may affect timely payment. We encourage you to communicate any such problems so that we can assist you in the management of your account. WeeCare For Kids offers a payment plan utilizing automatic, recurring charges with a credit/debit card. The minimum monthly payment allowed is \$50.

**Delinquent Accounts:** An account is considered delinquent 60 days after the initial statement has been sent. If the account becomes delinquent, WeeCare For Kids will take necessary steps to collect this debt, including referral of the account to an outside collections agency without notice. You agree to pay all administrative costs associated with processing, handling and collecting the delinquent account. You agree that if WeeCare For Kids has to refer the delinquent account and should retain any lawyer or outside collections agency for collections, you agree to pay all costs of collections including reasonable interest, reasonable attorney's fees, and reasonable collection agency fees. In case of suit, you agree the venue shall be in Hillsborough County, Florida.

**Authorization to Contact:** You authorize WeeCare For Kids personnel to communicate by mail, messages, texting, and/or email according to the information provided in your patient registration form. WeeCare For Kids, or any agent or servicer of your patient account, may use any information you provided, including contact information, email addresses, cell phone numbers, landline numbers, to contact you for purposes related to your account, including debt collection. You authorize WeeCare For Kids to use this information in any manner consistent with the information you have provided, including mail, telephone calls, emails, and text messages. You consent to any such contact being made by the most efficient technology available, including automatic dialing equipment or prerecorded messages.

**Medical Records Release:** You authorize WeeCare For Kids and associated physicians and staff to release patient information required in the course of your treatment including but not limited to any and all medical records, notes, tests, x-ray reports, or other documents related to your treatment that is deemed necessary to process claims to the necessary insurance companies, third party payors, and/or other physicians or healthcare entities as they require to participate in your care. You authorize the release of any medical information necessary in order to obtain payment on your account. Families that leave the practice may have one courtesy copy of the medical records sent to the new provider if your account is in good standing and not delinquent. Otherwise, WeeCare For Kids follows Florida Rule 64B8-10.003 for the records.

I agree that a photocopy of this Financial Agreement shall be as valid as the original.

**I have read and understand WeeCare For Kids financial policies and I accept responsibility for payment of any fees associated with rendered services.**

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Financially Responsible Party - Signature

Printed Name

Today's Date