



George Skarpathiotis, M.D. S.C.
P e d i a t r i c s

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Patient Financial Responsibility & Release of Information Agreement

- 1. Proof of Insurance:** All patients must complete the patient registration packet at their first visit as a new patient. We must obtain a copy of the parent/guardian's valid photo I.D. and the patient's current valid insurance card. The patient's most current valid insurance card will need to be presented to the front desk at each visit. If there is failure to provide the practice with accurate insurance information, in a timely manner, you may be responsible for the balance of the claim. We understand it may take time for proof of insurance to be available for Newborn patients, and request proof as soon as it is available to you. Please inform us if there is any additional insurance for your dependent. Also, please inform us if you are in the process of changing insurance.
- 2. Co-payments/Deductibles:** all co-pays and deductibles are expected at the time of service. If you are unable to make these payments, please contact our billing department to discuss your options.
**** Well Exams:** In order to save families an additional trip to the office, a provider may choose (should their schedule allow), to address your additional issues/concerns during Well Exams, resulting in additional diagnoses. If so, your insurance may charge you a co-pay, and the visit may go towards your deductible, as a combined sick & well visit.
- 3. Assignment of Benefits:** I hereby assign all medical benefits, to include major medical benefits to which I am entitled. I hereby authorize and direct my insurance carrier(s), including private insurance and any other health/medical plan, to issue payment check(s) directly to George Skarpathiotis M.D., S.C. for medical services rendered to my dependents regardless of my insurance benefits, if any. I understand that I am responsible for any amount not covered by insurance.
- 4. Patient Balance:** While we expect all accounts to be current, we do realize the financial hardships that medical bills can carry. For parents, with proven financial hardships, we do offer payment plans on a case-by-case basis. Unpaid balances over 60 days late must be resolved with our billing dept. before a well visit can be scheduled (incl. newborn appts, school/sports physicals, and/or nurse visits). ***Failure to resolve your balance will result in the cancelation of your appointment.***
- 5. Authorization to Release Information:** I hereby authorize George Skarpathiotis M.D., S.C. to: (1) release any information necessary to insurance carriers regarding my illness and treatments; (2) process insurance claims generated in the course of examination or treatment; and (3) allow a photocopy of my signature to be used to process insurance claims for the period of lifetime.

This order will remain in effect until revoked by me in writing. I have requested medical services from George Skarpathiotis M.D., S.C. on behalf of my dependents, and understand that by making this request, I become fully financially responsible for any and all charges incurred in the course of the treatment authorized.

*** EFFECTIVE JANUARY 1, 2023: A \$25.00 No-Show/Late Cancellation fee will be applied to appointments that patients fail to attend, or that are cancelled with less than 8hrs advance notice to the practice.**

Patient Name

Date of Birth

Parent/Legal Guardian Signature

Date