

**RAINBOW PEDIATRICS**  
**PAYMENT POLICY**

Thank you for choosing us as your primary care provider. Please read our payment policy, ask any questions you may have. Your signature tells us that you understand and agree to abide by these guidelines.

1. **Insurance.** We participate with most insurance plans. (If you are uninsured, ask us about setting up a payment plan that you can afford.) Insurance plans change, so we ask that you verify your insurance with us at each visit. If your Medicaid/Dr. Dino/Primary Care Plus has lapsed, please let us know. We can help so you are not charged for the visit. (If you reapply promptly, there is a 90 day grace period during which charges may be paid.)
2. **Co-payments.** Please – it is your obligation to pay your co-payment at the time of service.
3. **Non-covered services.** Please be aware that some – and perhaps all – of the services you receive may be non-covered by your insurance company. You will be responsible for payment.
4. **Claims submission.** We will submit your claims and assist you in any way we can to help get your claims paid. Your insurance company may need you to supply certain information directly. Please do so promptly. However, any unpaid balance is your responsibility.
5. **Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.
6. **Non-payment.** Times are hard, we understand. Please talk to us about setting up a payment plan that you can afford. If your account is over 60 days past due, we will contact you by phone. If your account is 90 days past due and no payment has been made, you will receive a letter requesting payment. If your account still remains unpaid, we must refer your account to a collection agency, and you may be discharged from our practice. Should this happen, you will be responsible for any collection and court fees that are attached to your delinquent account, and you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30 day period, our physicians will provide only emergency care.

**NOTE: Divorce has no bearing on the responsibility for medical care as it affects third parties. Whoever brings the child is expected to pay the charges due for the service rendered that day. Rainbow Pediatrics does not participate in payment disputes between parents.**

Rainbow Pediatrics is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

**I have read and understand the payment policy and agree to abide by its guidelines.**

\_\_\_\_\_  
**Signature of patient or responsible party**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Guarantor's S.S. #**

\_\_\_\_\_  
**Guarantor's D.O.B.**

