

**Anna E. Lee, M.D.**  
Medical Corporation

**Office Financial Policy**

Thank you for choosing our office for your child's medical care. We are truly honored and appreciate your trust in our office to provide excellent medical care to your child(ren). One important aspect in maintaining this important physician-patient relationship is a mutual understanding of our office billing and payment policies. Please review our policy as listed below and we will be happy to answer any questions you may have.

As a courtesy to our patients and parents, our office will submit claims to your insurance company on your behalf, for office visits and services provided by Dr. Lee or her designee. However, please understand that this is a courtesy on our part, and the insurance policy is between you and your insurance company. Due to the complex nature of insurance policies and vastly different insurance plans available, we hope that you will familiarize yourself with your individual insurance policy, especially paying attention to the details of what is covered and what is not covered by your plan, your co-payments and deductibles. Though we will try our best to assist you, please, understand that this ultimately remains your responsibility.

Please review our financial policy below:

- Please present your current insurance card at each of your child's visits.
- Please notify us at the time of visit if there is any change in insurance coverage and/or address change.
- Your insurance co-payment is due at the time of the office visit. A \$10.00 billing fee will incur if co-payment is not paid at the time of the visit and a bill must be generated.
- Please remember to add your newborn baby to the parent's policy within the first 30 days after birth, to ensure that your newborn will not have any gaps in medical insurance coverage.
- Patient balances are billed after we receive your insurance plan's explanation of benefits (EOB). Please remit your balance within 2 weeks of your receipt of your bill.
- If you have an HMO policy, please make sure that Dr. Anna Lee is selected as your child's Primary Care Physician through Greater Tri-City IPA (GTCIPA). Please, confirm this information on your card once you receive your insurance card. If we are not your designated PCP, you will be responsible for the full cost of the visit, payable at the time of the visit. A receipt of your payment will be provided for you to submit your claim to your insurance company
- A \$25.00 fee will be applied to all returned checks.

- We provide services by appointment only. If you are unable to make your appointment, we ask that you notify our office at least 4 hours prior to the time of your appointment. You will be assessed a charge of \$40.00 if we are not notified 4 hours prior to your appointment.
- For your convenience, we accept cash, check, Mastercard, VISA and American Express. Payments by credit card may also be made over the phone directly with our billing office staff.
- Please direct your inquiries regarding bills from outside facilities, such as the hospital, laboratory or radiology, to the respective facilities' business offices.

We appreciate you taking the time to review our policy. By being aware of the information regarding your financial responsibilities beforehand, we hope that we can focus on the "care" of your children when you are in our office. However, we understand that special circumstances may arise on occasion that may challenge the wisdom of said policy. Please contact our billing office if you have any questions or anticipate need for special arrangements.

I have read and understand the above financial policy and agree to the above arrangements.

Please list all your children:

Patient Name: _____	DOB: _____
Patient Name: _____	DOB: _____
Patient Name: _____	DOB: _____
Patient Name: _____	DOB: _____

\_\_\_\_\_

Responsible party name

\_\_\_\_\_

Relationship

\_\_\_\_\_

Responsible party's signature

\_\_\_\_\_

Date