Priority Care Pediatrics, LLC
6320 N Lucerne Ave Kansas City, Missouri 64151
(816) 412-2900
Financial Policy, Consent to Treat, and Assignment of Benefits

Payment: Our policy is that copayments must be made at the time of the visit. Once charges are posted to your account and processed by your insurance, you will be sent a statement. A second statement is sent approximately thirty (30) days later. If no payment is made after these two statements, a twenty-dollar ($20.00) collection processing fee will be added to your account. This fee is not covered by your insurance and is your responsibility. An additional twenty-dollar ($20.00) collection processing fee will be added if your account remains unpaid and/or is turned over to our collections system.

Fees: A fifteen-dollar ($15) charge will be added for evening, Saturday and holiday visits. These charges may or may not be covered by your insurance plan. A ten-dollar ($10) Technology Fee (which is not covered by your insurance) is charged annually to cover portal access, 24-hour nurse triage, completion of most non-diagnostic forms, and e-prescribing. If you miss a scheduled appointment without calling to notify us by 5pm the day prior to the appointment, a no-show fee (which is not covered by your insurance) of fifty dollars ($50) will be charged. Payment of this fee is required before you will be allowed to make or attend any further appointments. Failure to pay it will result in you being asked to find another doctors' office. By signing below, you accept responsibility for these fees.

Insurance: If the patient is covered by an insurance plan with which we contract, we will adhere to the terms of that contract and will file your insurance claim for you. By signing below, you allow us to file this claim for you and assign all insurance benefits arising from the claim to be paid directly to our office. You assert that you have authority to consent for the insurance to be used for this visit. You also accept responsibility for any charges not covered by your insurance plan and which are legally billable to the insured; you also accept full responsibility if your insurance is terminated or otherwise invalid. The person signing this form, whether or not the guarantor or legal guardian, personally agrees to be responsible for all charges incurred today. You also grant us permission to file an appeal on your behalf (in accordance with applicable law) if the insurance company denies or restricts payment. If the patient is covered by a plan with which we do not participate, we will provide you with the necessary documentation to file your own claim for reimbursement, and you will be fully responsible for the appropriate charges for today's care.

Authorization: If your plan requires any authorization (prior or otherwise) for any service, whether at our office or elsewhere, we will assist you as possible, but be aware that the responsibility for such authorization lies with you.

Consent to Treat: By signing, you consent to treatment in our office at today's visit. This includes any examinations, tests, immunizations, or other procedures which may be deemed advisable or necessary. You will be notified of any such testing and you have the right to an explanation of any procedures and their risks, benefits, alternatives before they occur. Your signature here consents to these procedures; it is your responsibility to inquire about and/or decline any such procedures if you do not wish them to occur. The occurrence of a procedure indicates that you understand the risks and benefits and are satisfied with the explanations provided and/or have asked any questions and are satisfied with the response given. To facilitate treatment, you also consent for us to reference an electronic clearinghouse to review medications prescribed for the patient, whether prescribed by our office or other providers.

I have read the above statements and agree to and accept full responsibility for the listed items:

Patient Name _____

Guarantor _____

_____ Date: _____

Signature of Patient or Legal Guardian

Policy Written January 2004; revised October 2016