



Extended Payment / Collections Policy

Newborn Babies who will be covered under private insurance:

- Parents should work diligently on getting insurance approved as soon as possible
- After 30 days if insurance has not been approved, patient will be considered a Self-pay patient (please see below).

Newborn Babies who will be covered under Medicaid (MSCAN or MSCHIP):

- Parents should work diligently on getting insurance approved as soon as possible
- After 60 days or at 2-month Wellness Visit, if insurance has not been approved, patient will be considered a Self-pay patient (please see below) and has to pay out-of-pocket for services.

Patients with no insurance (Self-pay):

- All payments are due at the time of service
- Any past due amount must be paid in full before a patient can see our Pediatrician
- Discount will only be issued to patients with no past due balance and who are paying in full at the time of service. Discount will only be applied to today's services.
- Account aging shall start at the date of service. Accounts with >90 days aging will be considered in default and will be subject to collections and possible legal action.

Patients with insurance:

- As designated by your insurance, co-payments are due at the time of service.
- You may be asked to pay an estimate of any co-insurance/deductible as determined by your insurance benefit allowable, at the time of service.
- Any past due amount must be collected before a patient can see a provider. Accounts are considered past due when a balance is greater than 30 days old.
- Patient's insurance will be billed as of the date of service. After 45 days, all open insurance claims will be billed to the patient. Any claim with >90 days aging and no payment made towards the balance, will be considered in default and will be subject to collections and possible legal action.
- If patient's claim is denied by their insurance company, it is the patient's responsibility to contact the insurance company. Most of the time, the insurance company is requesting information about accident details (if applicable), other coverage information or dependent status that only the patient/guardian can provide. Claims denied by the patient's insurance company will be considered for collections after 90 days, so it is very important that the patient contacts them immediately after receiving a statement.

Payment is due at the time of service. In certain cases payment arrangements may be approved by our billing staff, allowing patients to pay off their balance over a 120 day period. Once this arrangement is in place, you will be required to **pay a minimum of 25% of your account balance every 30 days**. Missed or late payments will void this arrangement and Cleveland Children's Clinic, PLLC will proceed with collection efforts. Patients who provide an incorrect address and/or invalid telephone number may be referred to collections without notice.

Patient Name: _____ Date: _____
Patient/Guardian Signature: _____