

Patient Financial Responsibility Agreement

Radiance Pediatrics, PLLC is committed to providing you with the best possible care. In order for us to achieve this goal, we need your assistance and understanding of our financial policy. Please read the following carefully. As it is an agreement that you are responsible for payment, and will pay in a timely manner.

All professional services rendered by Radiance Pediatrics are charged to the patient or their legal representative. Patients are responsible for all fees regardless of insurance coverage. Radiance Pediatrics does not file insurance claims and does not code visits for insurance.

Members will be billed monthly for membership services which include access to a physician via text, calls and virtual visits as well as house calls as medically indicated.. To cancel a membership, please contact us during regular business hours at least 14 days before your monthly due date and we will cancel your membership at the end of your current month. Monthly membership fees are not prorated. We will forward patient records to your new provider upon receipt of a medical release form at no cost to you. A cancelled membership can be reinstated at the cost of \$350/pt

Failure to pay the monthly fee will result in the immediate termination of non-emergent services and full termination of membership if not paid within 30 days. We will forward patient records to your new provider upon receipt of a medical release form. Terminated memberships are not eligible for reinstatement.

There is a \$35 fee on returned checks and a \$5 insufficient fund fee for insufficient fund debit/credit card charges that will be electronically debited from your account.

Any non-routine lab work drawn by Radiance Pediatrics providers or staff and sent to an outside lab will be billed by Radiance Pediatrics at the time. Members can opt to have those charges added to their next monthly bill from Radiance Pediatrics or pay at time of sample collection.

By providing us with your landline or cell phone number(s), you give your consent for us, our agents, and to our collection agents, to contact you at these numbers, or at any number that is later acquired for you, and, to leave a pre-recorded message regarding any accounts or services. However, providing us with a telephone or cell number is not a condition for receiving our services.

Payment for services rendered to non-members are due at the time of service. We accept cash, checks, debit and credit cards for your convenience.

Agreement to Accept Financial Responsibility

I acknowledge that, at my request, Radiance Pediatrics has provided or will provide me or any dependent with professional services, and I agree to the above financial policy. I also understand that if I fail to comply with this agreement, and if my account becomes past due, it will become eligible for membership termination and collections activity. I understand that any expense incurred by Radiance Pediatrics in its efforts to collect remittance will be added to my bill and become my responsibility. Patients will not receive services from the provider until their account is up to date.

I hereby understand that the providers of Radiance Pediatrics will not furnish medical information to any insurance carrier for payment. I understand that I am responsible for the total of fees incurred during my medical visits.

Members may cancel membership at any time by contacting us during business hours and requesting cancellation at least 14 days before the start of the next month's billing cycle. Fees will NOT be pro-rated nor refunded.