



Financial Assistance For Medical Care

Thank you for choosing Pediatric Associates

***Statement of Intent:* Pediatric Associates is committed to providing financial assistance to families whose children have health care needs and are uninsured, underinsured, or otherwise unable to pay for their child's medically necessary care based on their individual financial situation.**

QUALIFICATION REQUIREMENTS

If you are unable to pay for your child's necessary medical care, you may qualify for financial assistance if:

1. You have applied for Medical Assistance benefits and do not meet eligibility requirements
2. You are a permanent resident of the United States or a qualified legal alien
3. You have exhausted all insurance options
4. You have completed a financial assistance application and provided all required documentation
5. You meet the financial guidelines based on your income, assets and outstanding debt

Note: For information on intake and payment processes for patients' families, who are not U.S. citizens and permanently reside outside of the United States, please contact Pediatric Associates **Billing Department at (888) 313-9010.**

Effective Date: October 1, 2019

POLICY:

Pediatric Associates' Financial Assistance policy is consistent with our Mission Statement in delivering the best and most comprehensive medical services to you and your family. The Pediatric Associates Financial Department will assist you in providing you with information about this policy and ensure you understand this service including but, not limited to the financial hardship key terms as defined below:

- **Non-Covered Services:** Non-covered services identifies as the service being provided by the clinician that are not generally covered by any/most payers.
- **Non-Participating Clinician:** Non-participating identifies the clinician not be part of the patients insurance carrier. The claim is considered non-participating and the patient defaults to a self-pay status as they will be responsible for the financial services rendered.
- **Self-Pay:** Self pay identifies a patient who pays out of pocket for the services rendered by the clinician from their own financial means it can be credit, check or money order. In



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many cases the patient does not have an appropriate insurance carrier that can be billed, insurance is nonexistent not eligible (non-par) or does not cover for the services provided.

The parameters of the payment plans offered are listed on the Table below. To calculate the monthly installment, both the minimum monthly payment and maximum repayment term criteria must be satisfied.

Out-of-Pocket	Maximum Repayment Term	Minimum Monthly Payment
\$50 or less	Pay in full within 30 days	Pay in full within 30 days
\$51-\$100	3 months	10% of balance
\$101-\$300	6 months	10% of balance
\$301-\$500	10 months	10% of balance
\$501-\$1,000	12 months	10% of balance

HOW TO APPLY FOR FINANCIAL ASSISTANCE

If you meet the qualification requirements listed above, you may inquire on how to apply at any of our Pediatric Associates' locations. You may also download the application at the website www.pediatricassociates.com, click on (Forms & Billing). All documentation must be submitted to the Business office within 30 days of the visit for determination.

Pediatric Associates' Front Office Staff: will be available to assist you with the application process, before submitting the documentation all form must be filled completely and signed. If an incomplete application is submitted, a letter will be generated to the guarantor asking for additional information to be provided within 30 days.

IMPORTANT CONTACT INFORMATION

Fax all supporting documentation to: Patient Account Representative

(954) 965-7354

Email all supporting documentation to: patientinquiry@pediatricassociates.com

Mail all supporting documentation to: Business Office

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