

Lake Country Pediatrics, S.C.

Receipt of Patient Responsibility

970 S. Silver Lake St. Ste 102
Oconomowoc, WI 53066
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2574 Sun Valley Dr, Ste 207
Delafield, WI 53018
Ph: (262) 646-2282 Fax: (262) 646-7535

1. It is my responsibility to provide Lake Country Pediatrics, S.C. with current insurance information at the time of service.
2. I am responsible to pay all amounts not paid for or partially covered by my insurance, including, but not limited to: co-pays, deductible, co-insurance, screenings, (vision, hearing, MCHAT, BMI, urine) , and/or in-office lab testing.
3. I authorize direct payment from my insurance company to my physician for services rendered.
4. I authorize release of medical information to process claims.
5. It is my responsibility to pay any applicable co-pays at the time of service. Co-payments not paid at the time of service WILL BE SUBJECT TO A \$10.00 BILLING FEE.
6. I am responsible for paying all amounts due within 10 business days of receipt of my billing statement.
7. It is my responsibility to contact the billing department within 10 business days of receipt of my statement to make payment arrangements for all balances not paid in full.
8. A \$10.00 billing fee will be added to each statement with balances 60 days or older.
9. Accounts greater than 90 days of age will be referred to an outside agency for recovery. Any amount out to collections totaling \$75 or less is due in full prior to my child being seen. For any amount out to collections greater than \$75, a payment of \$75 must be made at each visit, prior to my child being seen, until the balance is paid in full. Any co-pay and/or deductible deposit is also due at the time of service. In addition, Lake Country Pediatrics, S.C. reserves the right to add an additional collection fee or attorney fee.
10. Failure to show for an appointment without prior notification may be billed as follows: \$75 for the second occurrence, and \$75 with possible discharge from care, for the third occurrence.
11. I understand that my account, if 60 days or more past due, may be subject to a finance charge of up to 17% APR.
12. I authorize Lake Country Pediatrics, S.C. to send e-statements.
13. I agree to pay for any fees associated with collecting my account if it is referred to collections, including but not limited to the collection companies fees, interest and legal fees.

I have read and understand the above statements concerning my financial responsibilities.

Signature / Relationship to patient

Date