Children's Medical Group

Financial Policy 2026

Children's Medical Group is committed to maintaining strong physician-patient relationships and providing the best care possible for your children. To reduce confusion and ensure transparency, the following financial policy has been developed. Should there be any questions regarding these policies, please feel free to discuss them with our office manager. Your complete understanding of your financial responsibilities is an essential element of this care.

Payment Policy _____ *(Initial here)*
Unless previous arrangements have been made by you or your health insurance, full payment is due at the time of service.

Private/Self-Pay: Patients accepted by CMG are responsible for paying the cost of any services received at the time of the visit. We do NOT file claims to Medicaid for private pay patients, as we do not accept assignments from Medicaid.

Minor Patients: For patients who are minors, the parent/guardian accompanying the child is responsible for any payment due at the time of service. This applies regardless of any court order regarding financial responsibility.

Estimated Cost of Service: Patients are expected to pay the estimated cost of service at the time of their visit. If insurance determined a different responsibility upon processing the claim, the patient will either receive reimbursement or be billed for the remaining amount according to the Explanation of Benefits (EOB).

Nurse Triage Line: At times, to avoid an office or telemedicine visit, the option to speak to our triage nurse is provided. This time spent will be billed to insurance, and the patient may be responsible for the charges.

Insurance Information: _____ *(Initial here)*
In-Network Insurance: Prior arrangements have been made with many insurers and health plans to accept an assignment of benefits. Insurance plans are billed for the cost of services and only require that patients pay the authorized co-payment or deductible at the time of service.

Out-of-Network Insurance: For insurance plans that do not have a prior agreement, claims will be sent on behalf of the patient on an unassigned basis. However, FULL payment is required at the time of service.

Non-covered Services: Some office visits will not be completely covered by insurance plans. If a service is determined to be non-covered, the patient is responsible for the full amount.

HMO Plans: All HMO plans require an assigned Primary Care Physician (PCP) for each patient. The patient is responsible for ensuring their provider is correctly assigned as their PCP before all office visits. Failure to do so will result in the patient being held responsible for any charges incurred.

Wellness Visits and Acute Care: _____ *(Initial here)*
Wellness visits are intended to address your child's growth, development, immunizations, and preventative care. New problems or concerns take time to address and diagnose. If addressed during a wellness visit, additional acute office fees may be accrued for the additional care provided.

Complex or chronic concerns (e.g. ADHD, asthma, behavioral issues) are recommended to be scheduled as a separate office visit to ensure they receive the proper time and attention. Additional discussion of labs and ongoing medical care done outside of an office visit may be billed to your insurance.

Please note that in 2026, we will be enhancing our billing practices to align with updated insurance guidelines. This includes submitting claims for additional services that support the care provided. Due to changes in insurance reimbursement rates and policies, there may be an increase in charges applied to a patient's deductible or out-of-pocket responsibility for certain services.

Additional Fees: _____ *(Initial here)*
Saturday Fee: Patients seen on a Saturday will be charged an additional $50 after hour fee. This charge is non-billable to insurance and is due at the time of service.

Forms: Charges will apply for the completion of various forms (e.g. sports, camp, daycare, therapy, 504/IEP, vaccine records). Please inquire with our office for pricing of each specific form. Payment is required before a form can be processed or returned.

Nurse Only Visits: Patients who choose to delay vaccines at a wellness visit, may schedule a nurse-only visit on a later date to receive their vaccinations. There is a $20 nurse visit fee, which is not billable to insurance and is due at the time of service.

ADHD Medication Refill: Due to the time and administrative work required to manage controlled medications, ADHD prescription refills will incur a $75 fee every six months or a $15 fee per prescription. For families managing multiple ADHD prescriptions, a $10 family discount will be applied for each child every six months. This medication fee is not billable to insurance and is separate from an office visit.

Cancellation Policy _____ *(Initial here)*
We understand that sometimes cancellations are unavoidable. We ask that sufficient notice be provided to allow for other patients to be seen. A charge of **$50** will be incurred for any wellness visit appointment cancelled with less than 24 hours' notice (during business hours). Acute visits cancelled with less than 3 hours' notice, will be charged with the same **$50** fee. Our office makes a great effort to see patients in a timely fashion, and no shows and late cancellations take up an appointment that could be filled with a sick child.

Unpaid Balances _____ *(Initial here)*
Late Fee: An additional $30 late fee will be applied to any unpaid balance every 30 days, starting after the statement date unless an alternative payment plan has been made

Interest Fee: If a balance has not been paid within 60 days of the statement date, an additional 18% interest rate will be applied.

Returned Payments: A $50 fee will be charged for any returned check or chargeback.

Collection Fee: After 90 days, unpaid balances will be turned over to collections and will incur an additional 30% service fee to cover the cost of the collection agency.

Acknowledgement:
I have read and fully understand the Financial Policy of Children's Medical Group. I agree to be bound by its terms and acknowledge that I have had the opportunity to ask any questions regarding this policy. I also understand that such terms may be amended from time to time by the practice.

_____ _____
Name of Patient DOB

_____ _____
Signature of Patient or Responsible party Date

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