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Financial Policy:

It is important to Kinder Mender to have a Financial Policy that clearly outlines patient and practice financial responsibilities. We are committed to providing our patients with the best possible medical care and also minimizing administrative costs. This Financial Policy has been established to avoid any misunderstanding or disagreement concerning payment for professional services.

- Our office participates with many insurance companies and managed health care programs. For patients that are members of one of these plans, our office will submit a claim for services rendered. All necessary insurance info, including forms, must be completed by responsible party prior to leaving the office.
- If a patient has insurance that we do not participate in, our office is happy to file the claim upon request; **however, payment in full is expected at the time of service.**
- It is the patient’s responsibility to pay any deductible, co-pay or any portion of the charges as specified by the plan at the time of visit. Any medical services not covered by an individual’s insurance plan are the patient’s responsibility & payment in full is due at the time of visit. **Payment can be made with cash, check or credit card.**
- It is the patient’s responsibility to ensure that any required referrals for treatment are provided to the practice **prior to the visit**. Visits may be rescheduled, or the patient may be financially responsible due to lack of referral.
- It is the patient’s responsibility to provide us with current insurance information and to bring their insurance card to each visit.
- Our staff is happy to help with insurance questions relating to how a claim was filed, or regarding any additional information the carrier might need to process the claim. Specific coverage issues, however, can only be addressed by the insurance company member services department (# is on the insurance card.)
- The adult accompanying a minor and the parent (or guardians of the minor) are responsible for payment at the time of service.
- Our self –pay rate is \$95 if a patient is uninsured, has inactive insurance, or has an insurance plan we do not participate in.

Follow Up Visits Policy:

Follow up visits are offered, free of charge to families, for up to three days after the initial visit. They will cover any lingering concerns from the same complaint as the initial visit only. Any new or additional complaints will be charged as a separate office visit.

Release of Patient Information

I consent to allow info about my child and their visits to be released to the following people, institutions, etc.:

We firmly believe that a good physician/patient relationship is based upon understanding and communication. Questions about financial arrangements should be directed to the billing office. We are here to help you.

I have read, understand and agree to this Financial Policy:

Signature of Patient/Responsible Party

Date