

# PEDIATRIC WELLNESS NETWORK AND ADULT REHAB

901-B Route 73 North Marlton, NJ 08053 Office 856-751-1937 Fax 856-751-1938

## **Notice of Financial Responsibility Practices**

Each insurance company has its own specific guidelines regarding the level of care and patient financial responsibility. While we will work with you to provide your care within the guidelines of your plan, our main concern is providing you with quality and efficient Speech Therapy. We expect our patients to understand and acknowledge their financial responsibilities.

To address your responsibilities as a patient, please carefully review the following items:

- Please have your Insurance cards available for every visit to check for changes.
- If your insurance coverage changes at any time, please call 856-751-1937 and leave a message.
- **Payment for all services rendered is your financial responsibility.**
- If during registration you provide to us your complete health insurance information, we will submit our charges to your insurance carrier for payment. You are responsible for all charges if you do not provide complete insurance information.
- **If you have full insurance coverage and/or our practice is one of your network providers, you are responsible for paying your annual deductibles, co-payments, co-insurance and all charges for non-covered services and products at the time our services are rendered.**
- If your insurance plan considers our practice to be an out-of-network provider, you are responsible for all charges.
- If Medicare is your only insurance carrier, you are fully responsible for the 20% co-insurance due after the Medicare payment, as per Medicare guidelines.
- All auto and/or workers' compensation patients are asked to provide their private health insurance information, including any necessary referrals, in addition to their auto and/or workers' compensation billing information. In the event of a denial, we will submit our charges to your private health insurance carrier. If we do not have your private health insurance information, you will be billed directly for all charges.
- **Pediatric Wellness Network and Adult Rehab (Speech Path Services LLC and Better Speech and Feeding Center Inc., Amy L Hay LLC, Jennifer Bergman LLC, KLG Pediatric Therapy LLC)** will not accept responsibility for collecting payment of your insurance claim or for negotiating a settlement on a disputed claim.
- All dishonored checks are subject to a \$35 charge, for which we will bill you directly.
- If missed at least 2 scheduled appointments without calling, a \$25 charge will be billed per missed appointment.
- All patients are requested to sign an acknowledgment of their financial responsibility. In the event the patient chooses to not sign this acknowledgment, **Pediatric Wellness Network and Adult Rehab (Speech Path Services LLC and Better Speech and Feeding Center Inc., Amy L Hay LLC, Jennifer Bergman LLC, KLG Pediatric Therapy LLC .)** reserves the right to withhold treatment.

If at any time you have questions or concerns about financial matters relevant to our services, please call billing department at 856-751-1937