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Foxhall Pediatrics Office Financial Policy

Please review our office financial policy and reach out to our staff if you have any questions regarding this document. Please read each line carefully, initial each line and **SIGN ON BACK OF THIS PAGE**

- _____ **1. INSURANCE PARTICIPATION:** We currently participate with most plans from the following insurance companies: CareFirst/BlueCross Blue Shield, Aetna, and Cigna. Because plans vary, we recommend that you contact your insurance company prior to scheduling visits to verify whether we are in-network with your insurance plan.
- _____ **2.** You will be responsible for all charges incurred at a visit if our physicians are not “in-network” with your insurance, your insurance coverage is inactive, or you do not have insurance.
- _____ **3.** We are not able to provide care for Medicaid or TriCare patients, even as out of network providers.
- _____ **4.** Upon arrival, please sign in at the front desk and present your photo ID and the patient’s current insurance card. Presenting your insurance card constitutes proof of active insurance and consent to directly bill the insurance company on the patient’s behalf. Please notify the office of any changes in your insurance coverage prior to the appointment.
- _____ **5.** Copayments are due at the time of service.
- _____ **6.** Patients with an outstanding balance of more than 60 (sixty) days must make payment arrangements prior to scheduling an appointment.
- _____ **7.** We require 24-hour notice for canceling or rescheduling any appointments. For appointment changes within 24 hours, late arrivals of more than 10 minutes, or missed appointments there will be a \$50.00 fee for a well-child visit or other prolonged service and a \$25.00 fee for acute care appointments.
- _____ **8.** There is a \$40.00 fee, plus any bank fees incurred for returned checks.
- _____ **9.** There is a fee of \$25.00 per child to copy or transfer medical records. All balances and charges must be paid in full before your child’s medical record is uploaded to the patient portal.
- _____ **10.** There is a \$25.00 charge per school/camp/medical clearance form. Payment is due when form requests are submitted. Please expect a 3-5 business day turnaround time for these forms. If a form is needed more urgently, there is an additional \$10 rush fee.
- _____ **11.** There may be a fee for after-hours calls (minimum \$35.00).

_____ **12.** Please check with your insurance company before scheduling annual well-child exams. Each plan varies with respect to the allowable interval between well visits. It is your responsibility to know your insurance plan benefits. If the visit is not covered, you will be responsible for payment at the time of the visit.

_____ **13.** Not all services provided by our office are covered by every insurance plan. Any service not covered by your insurance plan will be your financial responsibility.

Fees are subject to change. Contact the office at 202-537-1180 or send a patient portal message with questions regarding billing.

I have read and understand this office financial policy and agree to comply with and accept responsibility for any payment that becomes due as outlined previously.

Child's Name (printed): _____ Date of Birth: _____

Parent/Guardian's Name (printed): _____ Relationship to patient: _____

Parent/Guardian's Signature: _____ Date: _____