

Children's Medical Center

Payment & No-Show/Cancellation Policies

Self-Pay Policy

Self-pay payments are required to be collected at time of service. If you are unable to make payment in full, prior arrangements need to be made before the visit with our Business Office staff. Business Office # (727) 209-1177

If you are unable to pay for services on the day of the appointment, you can:

- Reschedule the **Well Visit Appointment** for another day
- You can select "**Credit Card on File**" or **Care Credit** to be used for each visit. (Parent/Legal Guardian) will sign authorization for use of "Credit Card on File" and will be notified when card is used)

If your child is unaccompanied to the visit, please plan to

- Send payment with child
- Notify CMC with credit card number to credit payment for the visit

Payment can be made by calling our Business Office (727) 209-1177 in advance of the visit or in person. For your convenience, CMC accepts Visa, MasterCard, American Express, Discover, cash, or check.

Co-Pay Policy

Co-payments are a contractual obligation with your insurance company. The parent/legal guardian is required to pay co-payments and CMC is required to collect co-payments at the time of service. Please note some **Well Visits** may include an **Office Visit** and may incur a co-pay with these types of visits.

If you are unable to pay the co-pay for the services on the day of the appointment, you can:

- Reschedule the **Well Visit Appointment** for another day
- You can select "**Credit Card on File**" or **Care Credit** to be used for each visit. (Parent/legal Guardian will sign authorization for use of "Credit Card on File" and will be notified when card is used)

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Deductible Plan Policy

A \$ 75.00 (Effective 2/3/2020) charge toward your deductible plan is required to be collected at each visit, until the deductible is met.

If you are unable to pay the deductible charge for the services on the day of the appointment, you can:

- Reschedule the **Well Visit Appointment** for another day
- You can select "**Credit Card on File**" or **Care Credit** to be used for each visit. (Parent/Legal Guardian will sign authorization for use of "Credit Card on File" and will be notified when card is used)

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No-show/Cancellation Policy

If you need to cancel an appointment, please call us as soon as possible to enable us to free that time for another patient. If you do not cancel in advance (2 hours prior to appointment time) or fail to show for an appointment, it will be considered a **No-Show**. If you incur three (3) or more No-Show appointments within a year period, you could be discharged from our practice.

I acknowledge and agree to these policies.

Parent/Guardian Signature: _____

Date: _____