

Kenneth J. Kim Pediatrics
"Healthy Kids, Healthy Future"
3930 Pender Drive Suite 330
Fairfax, VA 22030
703-246-0022

Financial Policy

We have outlined our financial policy in advance to better serve our patient families and maintain good communication. Please ask our front desk staff if you have questions about our policies.

- **Insurance Eligibility**

It is the parent's responsibility to have insurance coverage verified for each visit type and services prior to the appointment.

- **Patients without insurance(self-pay) are required to make payments at the time of service is rendered**

- **All copays are due at the time of service**

- **Newborn Visits**

Newborn check-ups/visits are usually covered under a mother's insurance plan for 30 days from the date of birth. It is your responsibility to make sure these visits are eligible under your plan. After the 30 days if the baby's enrollment is still not verified, self-payment is due at the time of service.

(please plan ahead and make sure the patient is added to insurance on time!)

- **Self-payment & Reimbursement**

If your child is in the process of enrolling into an insurance policy but not active on the day of service, self-payment will be collected at the time of visit. Within 30 days, if insurance is verified and the claim is billed & paid to us, the prepaid self-payment is reimbursed to the patient at 20% less of the total paid as a service fee.

- **Any balances remaining from prior visits and services should be cleared prior to the next visit**

- **Any unpaid bills for over 90 days past due will be sent to collections agency unless other arrangements are made.** Accounts that are turned over to collections may result in dismissal from the practice.

- **Telephone consultations and portal messaging will be billed claims** and may result in deductible, copay, or coinsurance of patient responsibility.

- **Telemedicine or virtual visit claims will be billed as visit claims**, and may result in deductible, copay, or coinsurance of patient responsibility.

- **Please note that some procedures or services such as ear wax removal and umbilical cord cauterization, etc., in many cases may result in deductible/out-of-pocket as parents' responsibility.**

If you have read all the items above and agree with our policy, please print, sign, and date below.

Signature of Parent or Legal Guardian/ Patient (if 18 or older)

Relationship to Patient

Print Name of Person Signing

Date