

**Vernon Hills Pediatric Associates  
Financial Policy**

**Responsibility**

We request that the parent(s) or guardian(s) accept final responsibility for payment. Balances due after insurance claim is filed are expected to be paid within 15 days of receipt of statement. Please contact our business office if there is an insurance dispute or financial difficulty.

Failure to pay on your account will be subject to being sent to a collection agency. In divorce situations, both parents are considered responsible for the account and would be reported to the collection agency should the account become delinquent.

**Co-payments**

If your insurance plan requires a co-payment, you will be expected to pay your co-pay at time of check-in before your child is seen in our office. We accept cash, checks, money orders and all major credit cards.

**Self Pay Account**

We do accept self pay accounts, however, payment is required in full at time of the visit. Please call our office in advance for an estimate of charges prior to your visit.

**Professional Services Rendered**

If your child is seen for a scheduled preventive visit and another condition is treated at the same time, the provider will bill for each service performed.

**Fees**

**After Hours Phone Calls \$20**

**NSF Check \$30**

**No Show \$30**

**Replacement Forms \$10**