



Rebecca McEachern, MD

FINANCIAL AGREEMENT

Patient Name: _____

Date of Birth: _____

We emphasize that our relationship is with you, not your insurance carrier or a third party. This is an agreement between Pediatric Endocrinology of RI and the Patient/Guarantor. Insurance claims are filed as a courtesy to our patients but any charges are ultimately your responsibility. By executing this agreement, you are acknowledging the financial obligation for ALL services rendered.

Our office policy is to obtain full payment at the time of service. If full payment is not received once treatment has been provided, any balance on your statement is due upon receipt. We reserve the right to refuse additional services on delinquent accounts.

If you have medical insurance:

Your financial responsibility depends on the coverage provided by your insurance contract. You need to know and understand your policy benefits. The contract is between the insurance company, you and your employer (if applicable). We are not party to that contract.

- Please confirm the insurance information we have on file is correct and inform us of any changes to your coverage in order to insure accurate processing of your claims.
- Dr. McEachern may not be contracted as providers with your insurance carrier. It is your responsibility to verify insurance coverage and eligibility with your insurance carrier prior to service.
- Co-pays and any out of pocket expenses will be paid at the time of service by cash, check or credit card. In the event services were rendered and copayment cannot be collected at the time of service, a \$20.00 billing service fee will be applied.
- Any balance on your statement is due upon receipt.
- Your insurance may determine that you are responsible for a portion of the bill (deductible or co-insurance). The deductible and/or co-insurance is due upon receipt of the bill even if you are requesting that your insurance review these charges. If your insurance reverses the charges, you will be reimbursed by Pediatric Endocrinology of Rhode Island.

If you have no medical insurance:

- A deposit for the initial office visit is \$75.00. Payment for future office visits are expected at the time of service, regardless of your initial deposit balance. Any excess balance will be applied to your account or refunded once full treatment has been completed. You may pay by cash, check or credit card.
- If unable to pay in full at the time of your service, a payment plan can be arranged with our billing department.

Minor Patients: For all services rendered to minor patients, we will look to the adult accompanying the patient and the parent/guardian with custody for payment and signature of this policy.

Delinquent Accounts: We refer delinquent accounts to an outside collection agency for recovery when full payment has not been received after a prescribed number of statements and verbal contacts with you or the responsible party.

Missed appointments and late cancellations: There may be a fee charged for missed (no-show) appointments and for appointments cancelled without sufficient notice. You may also be charged if the office has to reschedule your appointment because you are late for the appointment or did not have the requested labs.

Returned Checks: In the event that you issue a check that is not honoured or paid by your financial institution, you will be charged a \$25.00 returned check fee.

By signing below, I acknowledge, understand, and agree to the above information.

Patient/Guarantor Signature

Date

Relationship to Patient



Rebecca McEachern, MD

OFFICE POLICIES

Dr. McEachern is committed to providing a welcoming environment for her patients. Your time is valuable as is that of all the families served by this practice. The following policies are designed to improve everyone's patient experience:

Please **arrive on time** for your visit. Other patients have appointments after yours and thus families that arrive more than 10 minutes late may be asked to reschedule the visit.

If you cannot make the appointment, please call more than ONE office business day ahead of time to reschedule. Last minute **cancellations** and **no-shows** may be charged a fee.

Reminder calls are made as a courtesy only. It is your responsibility to know the time and date of your appointment.

Tests (labs and X rays) may be requested prior to the appointment. Please ensure you have the test done **on time** so the results can be reviewed with you at your upcoming appointment. The due date is indicated on your visit summary and test order sheet. You may be asked to reschedule if the results are not available in time or if the tests have not been obtained.

Patients who miss more than 3 appointments may be asked to continue their care with another practice.

Please have your **medication list** ready for review during office visits.

Please contact your pharmacy for all **prescription refill requests**. Please allow at least 2-3 business days for processing. Prescription refills require regular office visits. To ensure you or your child's safety, a regular evaluation of the condition and medication interactions is required.

If you are **transferring care from another provider** or center, please ensure that all previous clinic notes have been sent **BEFORE** the scheduled appointment.

Dr. McEachern makes every attempt to **return calls** as soon as possible but she appreciates your patience and understanding that she will return urgent calls within an hour and that non-urgent calls will be returned within 2-3 business days.

Please ensure you allow **3-5 business days** for completion of any forms.

Many families prefer to **communicate by email**. Use of the [Patient Portal](#) ensures a safe delivery of protected health information. Use of standard email is not guaranteed to be protected and although Dr. McEachern has made attempts to safeguard your information, she cannot guarantee that any communication by email is protected. *Sending an email to Dr. McEachern assumes an understanding of this risk.*

Test results may take up to 2-3 weeks depending on the test. Dr. McEachern may have scheduled a follow-up visit to discuss your results and will thus communicate the results at that visit. If no such specific visit was scheduled, please call or access your [Patient Portal](#) if you have not heard from Dr. McEachern within 2-3 weeks of having the test done.

By signing below, I acknowledge, understand, and agree to the above information.

Patient/Guarantor Signature

Date

Relationship to Patient