



Children First Pediatrics, PC Pediatric and Adolescent Medicine

Michael W. Datch, MD
Cynthia L. Fishman, MD
Stuart Y. Weich, MD
Jeannine Mogavero, MD
Robin G. Chernoff, MD
Stacy Stryer, MD
Liza S. Burns, MD

Kristen Dorsey, MD

10301 Georgia Avenue #106
Silver Spring, MD 20902
Tel 301.681.6000 Fax 301.681.3153
2401 Research Blvd #370
Rockville, MD 20850
Tel 301.990.1664 Fax 301.990.0471

Financial Policy

Please read the information below. Your signature at the bottom is to acknowledge receipt and understanding of our policies. You agree to abide by these policies. Refusal to sign this policy does not excuse you from being held to these rules and policies.

You must present your insurance card and any change in address/phone numbers at each appointment in order to ensure proper billing of your claims. Failure to provide us with accurate and up to date information may result in the patient having to pay for these services at that time or being billed for these services at a later date. We will bill your primary insurance company as long as we are participating providers. It is the parent/guardian's responsibility to bill any secondary insurance. The patient/parent/guardian is responsible to pay for any and all charges that your insurance company does not cover such as deductibles, co-pays and non-covered services, which are payable at the time of service. We will bill your insurance for services provided and deemed necessary for the visit. There will be an additional charge of \$35 for all returned checks and you will not be allowed to pay by check for the next year. If a balance remains unpaid prior to an appointment, the patient will be required to pay the balance prior to being seen. In the event a balance goes unresolved for more than 90 days, your account will be sent to collections and the parent/guardian will be responsible for reasonable costs associated with the collection agency, attorney fees and/or court costs. We reserve the right to charge interest on balances that require multiple bills being sent or balances that remain outstanding more than 28 days.

Phone Conferences

We will bill your insurance company for phone calls taking place with a physician during regular office hours. These phone calls are billed based on the length and content of the call using the national coding guidelines for these codes. You will be responsible for the balance if your insurance does not cover this charge due to co-pay, deductible, or non-covered.

No Show Policy

Failure to give 24 notice of cancellation of an appointment or no-showing an appointment can result in a charge on the patient's account. The fee is subject to change. Please ask the front desk what the current charge may be. This charge cannot be billed to the insurance company. Failure to pay a no show fee will be treated according to our policy on unpaid balances. No showing (3) appointments can result in the patient being discharged from the practice at the discretion of the practice. Fees are subject to change.

After Hour Phone Charge

There will be a charge for each phone call placed to our after hour phone service. Fees are subject to change.

Assessment Forms

Your insurance will be billed for any assessment forms including the Ages and Stages and Vanderbilt forms in which our physicians score and assess the results of those forms. You are responsible for any and all charges that your insurance does not cover including deductibles, co-pays, and non-covered services.

I have read and understand the policies outlined above. I understand that this list is not all inclusive and that my insurance is charged for any and all services provided and deemed necessary at the time of the visit and I agree to pay for charges my insurance does not cover. If I have any further questions, I may direct them to the office manager for further explanation.

Patient/Parent/Guardian

Date