

Guardian Pediatrics LLC
Drs. Bensi, Boccone, McKeever and Schulte

11590 N. MERIDIAN ST., SUITE 170
CARMEL, IN 46032

FINANCIAL POLICY

We are doing everything possible to hold down the cost of medical care. You can help a great deal by eliminating the need for us to bill you. It is the policy of this office that services rendered are paid for at the time of service unless we file your insurance for you. I agree to pay the medical provider the remaining charges not covered by insurance, in full, upon receipt of the statement.

Insurance co-payments are required at the time of service, regardless of who brings the child to the appointment. Payment of deductible/co-ins. is preferred at the time of visit as well as any outstanding balance.
This office accepts check, VISA, MasterCard, Discover, and American Express.

Fees: If a check is returned from the bank, a fee of \$25.00 will be placed on my account. There is a \$25.00 no-show fee for missed appointments or cancellations made less than 24 hours before an appointment.

Form Fee schedule
Form fee if form not presented at appointment: \$10 for daycare forms and \$15 for all others.
If forms are requested on the same day: \$25. We will try to complete forms same day if we are in the office without extra fee.
Patients with an outstanding balance over 90 days past due must make arrangements for payment prior to scheduling appointments.
After 90 days, you risk your account going to the collection agency.

Insurance information submitted to us past the timely filing date, will be your full responsibility.

I give my permission to release any information acquired during the exam and treatment to the insurance company to allow payment of medical benefits to Dr. Robb, Dr. Boccone, Dr. Bensi, Dr. McKeever and Dr. Schulte for services rendered.

I have verified that my personal information sheet and insurance is current.

PLEASE SIGN BELOW:

Signature	Insurance Co	Date