



248 PLEASANT STREET, SUITE 2600  
 CONCORD, NEW HAMPSHIRE 03301  
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 www.concordpediatricsnh.com

**Financial Agreement (For Patients 18 and over)**

Patients may remain at Concord Pediatrics while still on their parent’s insurance but should be aware of the following:

**Billing Accounts and Charges (Full policy on ConcordPediatricsNH.com)**

1. Each account must have a guarantor who is responsible for the payment of services. It is the guarantor’s responsibility to notify CPPA of any changes to insurance coverage for the patient(s). It is also the guarantor’s responsibility to notify any other party who may be responsible for payment of services of these policies.
2. We participate with many major insurance companies, but as a small independent practice, we do not accept all polices. It is the guarantor/parent(s) responsibility to verify with CPPA Billing staff whether we participate with your insurance plan in advance of your child(ren)’s appointment. If you are changing to a NH Marketplace insurance, please note that we only accept NH Healthy Families, not other Medicaid products.
3. If your child comes to their annual visit with symptoms of an active medical problem, or if one is identified during the visit, additional care or treatment may be needed. If these additional services are provided on the same day as your child’s scheduled well child visit, your insurance plan may require additional co-payments, deductibles or other out-of-pocket expenses.
4. If your child is seen outside of normal business hours, an after-hours charge will apply.
5. Copays are due on the date of service. If the copay is not paid within 7 business days, there will be a \$15.00 late charge per patient appointment.
6. Payment of balances is due at the time services are rendered. We accept cash, checks, Apple Pay, MasterCard, and Visa.

**Missed Appointments**

1. We ask that you inform our office twelve business hours in advance if you cannot attend your scheduled appointment, so that we may use the opportunity to schedule another patient in that time slot.
2. If you inform our office less than twelve business hours in advance, or if you do not arrive to a scheduled appointment, it will be considered a missed appointment. There is no charge for a first missed appointment for each family/account, but we will remind you of our policy.
3. A second missed appointment per family/account will be charged \$75, which is not covered by insurance or HSA.
4. After a third appointment is missed, we reserve the right to discharge the family from our practice, even if the missed appointment fee was previously paid.

**Insurance Assignment and Release**

- I authorize my insurance benefits to be paid directly to the physician. I understand that I/or my parents are financially responsible for services not covered by my insurance plan. I also authorize the physician to release any information necessary for the processing of insurance claims.
- I have read and fully understand the full financial policy on Concord Pediatrics website, ConcordPediatricsNH.com or I have requested and reviewed the written documents and I agree to be a responsible party in my healthcare. I also understand and agree that the terms of this financial policy may be amended by this practice at any time without prior notice to the patient.

Patient Name \_\_\_\_\_

\_\_\_\_\_  
 Signature of Patient

\_\_\_\_\_  
 Date