

331 Upper Plain  
Bradford, VT 05033  
Phone: (802)  
222-4722  
Fax: (866) 359-0233



332 Route 113  
East Thetford, VT  
05043  
Phone: (802)  
785-4722  
Fax: (866) 359-0233

Pediatric & Adolescent Healthcare

**INSURANCE** Please bring your insurance card(s) to your appointment.

For your convenience, we accept most insurance plans; therefore, it is essential that you supply current/active insurance information at each visit. If you have more than one insurance plan please give us your insurance information for each of your policies, so that you will get the maximum benefits. If we are not given complete and accurate insurance information, you will be responsible for any outstanding charges after claims have been processed. We will submit claims to all insurances that we are contracted with.

**PAYMENTS DUE FROM YOU**

- If we do not have active insurance information before your visit, you will be responsible for payment of that visit at the time of service. (If you notify us of insurance at a later date, we will submit any claims not over 90 days old and reimburse you if we are paid by your contracted insurance company.)
- If you have an insurance policy that we do not have a contract with, payment is expected at the time of service. We will give you the necessary paperwork to submit to your insurance.
- If you have no insurance, payment is expected at the time of service; however, if this is a hardship a payment plan can be arranged. We also do give a 20% discount when payment is made at the time of services.
- Co-pays are expected to be paid at the time of service. In the event that the co-pay is not paid within 10 days there will be a **\$10.00 charge**.
- You will be responsible for payment of any balances owed by you after contracted insurance claims are processed.
- We will ask for payment of a balance owed at your next visit and/or when a statement is mailed. The expectation is for the balance to be paid within 30 days of the visit.

**INSURANCE PLANS WE ACCEPT**

Aetna Ambetter Beacon GEHA NH Medicaid Health Plans Cigna  
First Health Networks United Healthcare VT Medicaid Oxford Martins Point Amerihealth Caritas CBA/CBA  
Blue Tufts Wellsense Tricare Standard Plans Only Blue Cross Blue Shield Harvard Pilgrim

**TIMELY PAYMENT** If you have financial difficulty preventing you from paying your bill in full, you are responsible for contacting our billing office at 802-222-4722. We are always willing to work with families to arrange a suitable payment plan.

**TYPE OF PAYMENT** We accept cash, check, MasterCard, Visa, American Express and Discover

**RESPONSIBLE PARTY:** In the case of a two-household family, payment will be expected from the parent that is currently listed in our system as the guarantor.

**FEES:**

- There is a **\$25.00 charge** for checks returned due to insufficient funds.
- Missed or late cancelled visits will result in a fee of \$25 or \$50 dependent upon visit type/length. Starting 9/1/2023 missed appointments will result in a fee of 60% of the visit charge. Example: 1-4 yr Physical missed would result in a \$108 missed appointment fee

X \_\_\_\_\_ Date: \_\_\_\_\_

By signing you are agreeing to comply to this financial policy and in the event of non-compliance we reserve the right to use a collection agency and report any unpaid balances to the credit bureaus.

Policy Effective 01/01/17 Updated on 07/11/2019 Updated on 07/24/2023