# FINANCIAL POLICY

Thank you for choosing Tailored Pediatric Medicine for the healthcare needs of your child. We are committed to providing your child with compassionate and exceptional care.

As per our Patient Agreement, we do not accept health insurance and all care is rendered as a membership service with a monthly fee. Services are listed in Appendix A of the Patient Agreement.

**Fees** In exchange for the Services listed in Appendix A of the Patient Agreement, Patient agrees to pay Practice the amount set forth in Appendix B. The monthly membership fee is subject to change at the discretion of the practice, with a 30-day written notice provided to the patient. The monthly membership fee will be paid automatically by debit or credit card that is kept securely by a third party, on the 1st or the 15th of the month.

All healthcare needs covered by Practice are included within the monthly fee (see Appendix B). Healthcare needs not covered by Practice—such as specialist appointments, x-rays and studies, labs not performed in the office, surgeries or procedures, and emergency room-related care—are not included within the monthly fee. Medical equipment and medication may be provided by the Practice for a reasonable and fair market cost. If there are services, medications, or equipment that the Practice provides that are not covered under the monthly fee-such as molecular testing for infections, ear piercing, tongue tie release- the Patient will be clearly notified of the cost prior to testing or the procedure and given the opportunity to consent for or decline the service.

**Declined Payments**  In the event that the Patient’s payment method is declined, the card processor will notify the Patient via email if there is an email on file with the processor and the Practice will alert the Patient via Spruce text message. It is the Patient’s responsibility to update the payment method within five (5) days of the declined payment. If the membership is not paid within five (5) days of the designated processing date (1st or 15th of the month), the patient will be charged a $50 late fee.

**Past Due Accounts** In the event that the Patient’s account is past due for thirty (30) days, the Practice will discharge the Patient from care. If a Patient is terminated from the Practice, the Patient will receive a Letter of Dismissal via email and certified USPS mail. The Patient is still responsible for the outstanding balance owed to Tailored Pediatric Medicine, PC.