

Bernstein Pediatrics  
2121 E Flamingo Rd Suite 100  
Las Vegas, NV 89119  
(702) 796-7000

---

## FINANCIAL POLICY

Parent/Guardian:

Thank you for choosing us as your physician. The following is our financial policy and our main concern is that you receive the proper and optimal treatments needed for your child. Therefore, if you have any questions or concerns about our payment policies, please do not hesitate to contact our billing office.

We ask that all patients **read** and **sign** our Financial Policy as well as complete our Patient Registration Form(s) prior to having your exam.

- ❖ **Cash Patients** - Payment for services are due at the time services are rendered.
- ❖ **Insured Patients** - Co-Pays & Deductibles are due at the time services are rendered.

We accept cash, checks, MasterCard, Visa, Discover and American Express for your convenience.

If the insurance company does not pay your balance in full within 30 days, we ask that you contact the carrier to help speed things up.

All insured patients are required to sign the Assignment of Benefits for payment from the insurance company.

Returned checks will be subject to a \$25.00 fee.

Delinquent accounts will be turned over to an attorney or collection agency without notice. Accounts will be considered delinquent if unpaid after 60 days. In the event your account is turned over for collections, you will be responsible for all reasonable collection and court costs up to 50% of the outstanding balance at the time the account is considered delinquent.

Again, thank you for choosing us as your child's physician. We appreciate your trust in us and we appreciate the opportunity to serve you.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Assignment of Benefits:

I hereby guarantee payment of all charges incurred at the office of Leroy Bernstein, M.D. I hereby assign and direct to pay any and all benefits for medical services under this claim directly to Bernstein Pediatrics. I hereby authorize the release of any medical information requested by the insurance companies(s) with the above assignment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_