FAIRPORT
PEDIATRICS, LLP

Fairport Pediatrics Financial Policy

At Fairport Pediatrics, our goal is to provide the best care possible for your child and your family. To do this, we ask for your cooperation with the following policies. These guidelines help us keep appointments available, meet our insurance requirements, and continue offering high-quality care to all patients.

1. Missed Appointments

When appointments are missed without notice, it prevents another child from being seen during that time. To help us keep our schedule available for everyone:

- **Missed Physicals**: A $50.00 fee will be charged for any physical appointment not canceled at least 24 hours in advance.
- **All Other Missed Appointments**: A $25.00 fee will be charged for any other appointment not canceled at least 24 hours in advance.

2. Billing & Payment Terms

Timely payments allow us to continue caring for all families without interruption.

- **Late Fees**: Accounts more than 30 days past due will incur a $20 late fee. An additional $20 fee will be added for each subsequent 30-day period the balance remains unpaid. Late fees will be waived if a payment plan is arranged.

3. Physical Exam (PE) Agreement

If your insurance company does not pay Fairport Pediatrics for a physical exam, the parent/guardian agrees to be financially responsible for payment of the exam.

4. **G2211 Code Notice**
Effective January 1, 2024, the federal government introduced a new procedure code (G2211) for use by primary care practices. This code was developed to recognize the added resources, time, and ongoing work that primary care providers dedicate to managing patient care — factors that were not previously reflected in insurance reimbursement for standard evaluation and management visits.

Coverage for G2211 varies by insurance plan. Some insurers may cover the cost in full, while others may apply part or all of the charge to the patient's responsibility. If your insurance does not cover this service, you may see it reflected on your statement as an out-of-pocket expense.

Acknowledgment
I have read and understand the financial policy of Fairport Pediatrics. I agree to comply with the above policies and accept financial responsibility for all services provided.

Parent/Guardian Name: _____
Signature: _____
Date: _____