

< Date >

< Inside address >

Dear < Patient's Name >:

Recent changes to employer-sponsored health coverage in the **XX** area has resulted in increased family contributions in the form of higher co-payments and large yearly deductibles. With these changes in mind, **NAME OF PRACTICE** has implemented policies to insure we can continue to provide quality medical care and remain fiscally sound for our families.

Please be assured that we make every effort to keep costs low while maintaining a high level of professional care. Following is a reminder of our practice policies regarding payment for services:

- Families who must meet yearly deductibles will be required to pay for all charges at the time of service. You will only be requested to pay the anticipated reimbursement of your insurance company. A claim will be generated to your insurance company so that this amount can be credited to your deductible. Should you have extraordinary financial pressures, we will assist you with a payment plan, agreed to in writing with our billing department, prior to services being rendered. Here are the terms for payment agreements.
 - A minimum payment of **XX%** of the cost of services will be required that day.
 - The remaining balance can be paid in a maximum of **XX** monthly payments.
 - No balances over **\$XX** can be carried on a family account.
- Fees not paid at the time of service will result in additional billing charges added to your account.
- For your convenience, we accept **INSERT PAYMENT OPTIONS**.
- The custodial parent of the minor child will be responsible for medical expenses originating from our office. It is the responsibility of the custodial parent to be reimbursed from any additional parties. Any additional issues regarding financial responsibility should be addressed through family court services.

We know you have choices when it comes to selecting a physician for your family and we sincerely appreciate your decision to allow us to participate in your child's health care needs. We value you as a patient of our practice and we are dedicated to providing you with unequalled quality health care. If at any time you feel the need to discuss your child's health or the operations of our practice, please do not hesitate to contact our practice manger, XXX, or one of us directly.

Sincerely,

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