

Insurance

Office services and hospital charges are determined by the level of services received. Co-pays are due

If your insurance company requires a referral for specialty services or tests, please call our office prior to

In order to wisely use your insurance, it is important that you understand which services your insurance

Insurance questions to ask prior to seeking medical care:

- When is the policy effective?
- Which family members are covered by the policy?
- What is required to add a new family member to a policy?
- Which doctors can I see on my plan?
- Is my doctor on this plan?
- What "network" does my plan use?
- Which labs/hospitals are in my network?
- Are all the doctors in a particular office/hospital in my network?
- How much is my copay?
- How much is my deductible?
- How much co-insurance will I owe?
- Does my policy cover well care?
- For what ages?
- Is there an annual limit?
- Does my policy cover immunizations?
- How much?
- Which immunizations?
- Are there age limits?
- Is preventative care part of my deductible?
- Does my copay apply to preventative care?
- How do referrals work?

Important Insurance Terms

- Co-pays: the flat fee paid by plan members at each time of service. This fee applies to specific me
- Co-insurance: the amount of money paid out of pocket by plan members for medical services. Pay
- Deductible: this is the sum of money that an individual or family must pay out of pocket for medica
- Preferred provider: many insurance plans make contracts with certain doctors, hospitals, and othe

Forms

New Patient Forms

[New Patient Packet \(PDF\)](#)

Common School and Daycare Forms

[IHSA Physical Evaluation Form](#)

[FSSA Child Care Form \(49969\)](#)

Medical Records Release Form

Please email completed medicalrecordsrequestforms@meridianpediatrics.net to

Be sure to complete one form for each patient and to clarify if the patient(s) are transferring out of Meridian.

Please allow up to 30 days for completion of requests.

[Medical Records Release Form \(PDF\)](#)

Telemedicine Forms

[Telemedicine Acknowledgement Form \(PDF\)](#) - - -

Now Accepting Insurance Cards by E-mail

You can provide us with a copy of your insurance card by email! Please take a picture of the front and back of the card.

billing@meridianpediatrics.net

Please include your child's name, date of birth, and the policyholder's name in your email.

Please understand that this email address is STRICTLY for insurance card submissions. Do NOT email