

Office Financial Policy

Casa Verde Pediatrics, Inc.

Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve our goal. *Please read each section carefully and initial.* If you have any questions, do not hesitate to ask our staff.

Appointments

- 1) We value the time we have set aside to see and treat your child. We do not double book appointments. If you are not able to keep an appointment, we require 8 business hours' notice to cancel. There is a charge of \$35 for missed appointments.
- 2) If you are late for your appointment (15 minutes or more), we will do our best to accommodate you. However, on certain days it may be necessary to reschedule your appointment.
- 3) We strive to minimize any wait time; however, emergencies do occur and will take priority over a scheduled visit. We appreciate your understanding.
- 4) Before making an annual physical appointment, check with your insurance company as to whether the visit will be covered as a healthy (well-child) visit.

Initial: _____

Insurance Plans

- 1) It is your responsibility to keep us updated with your correct insurance information. If the insurance company you designate is incorrect, you will be responsible for payment of the visit and to submit the charges to the correct plan for reimbursement.
- 2) We do not submit to secondary insurance plans. If you have secondary insurance, we will provide you with a receipt to submit for reimbursement. Your secondary insurance will send the reimbursement check directly to you. You are responsible for any balance on your account.
- 3) Parents are jointly responsible for payment on their children's account.
- 4) If we are your primary care physician, make sure our name and phone number appears on your card. If your insurance company has not yet been informed that we are your primary care physician, you may be financially responsible for your current visit.
- 5) It is your responsibility to understand your benefit plan with regard to, for instance, covered services and participating laboratories. For example:
 - a. Not all plans cover annual healthy (well) physicals, sports physicals, or hearing and vision screenings. If these are not covered, you will be responsible for payment.
 - b. For children younger than 2 years, there is a limit as to the number of allowable well visits per year. If the number of visits is exceeded, your insurance company will not pay; you will be responsible for payment.
- 6) It is your responsibility to know if a written referral or authorization is required to see specialists, whether preauthorization is required prior to a procedure, and what services are covered.

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Financial Responsibility

- 1) According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances.
- 2) Co-payments are due at the time of service. A \$20 service fee will be charged in addition to your co-payment if the co-payment is not paid by the end of that business day.

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- 3) Self-pay patients are expected to pay for services in FULL at the time of the visit.
- 4) If we do not participate in your insurance plan, payment in full is expected from you at the time of your visit. We will supply you with an invoice that you can submit to your insurance for reimbursement.
- 5) Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due within 10 business days of your receipt of your bill.
- 6) If previous arrangements have not been made with our finance office, any account balance outstanding longer than 28 days will be charged a \$10 re-bill fee for each 28-day cycle. Any balance outstanding longer than 90 days will be forwarded to a collection agency. You will be responsible for any fees associated with collecting your outstanding balance.
- 7) For scheduled appointments, prior balances must be paid prior to the visit.
- 8) If you participate with a high-deductible health plan, we require a copy of the health savings account debit or credit card, or a copy of a personal credit card to remain on file.
- 9) We accept cash, checks, Visa, and MasterCard credit and debit.
- 10) A \$35 fee will be charged for any checks returned for insufficient funds. If we receive a check back from your bank, we will be unable to accept future payments for services paid by check.
- 11) Parents are financially responsible for the cost of the immunization(s) if their child is not cooperative or parents change their mind about the immunization(s) and the immunization(s) must be wasted. We cannot bill insurance if the immunization is not administered to the patient.

Initial: _____

Forms

- 1) There is no charge for school and camp forms presented for completion at the time of your child's visit. However, should you lose your forms, there will be a \$25 charge per form to replace them.
- 2) Any additional school, camp, or sports forms are subject to a \$25 per form fee. Family and Medical Leave Act forms are \$25. Payment is due when the forms are dropped off. We typically require a 5 day turnaround time. If a form is needed sooner than 5 days, there is an additional \$15 rush fee.

Initial: _____

Transfer of Records

- 1) If you transfer to another physician, we will provide a copy of your immunization record and your last visit to your physician, free of charge, as a courtesy to you. We require 5 business days' notice.
- 2) A copy of your complete record is available for a fee.
- 3) We provide records of your child for visits (including consultations from specialists) rendered at this location only. For any previous records, you must request them directly from your previous doctor(s).

Initial: _____

I have read and understand this office policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.

Patient

Name(s) _____

Responsible Party Member's Name _____ Relationship _____

Responsible Party Member's Signature _____ Date _____