

# FINANCIAL POLICY

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Sunset Pediatrics participates with most insurance plans. Each insurance policy is different and it is therefore impossible for us to know what your particular benefits may be. Thus, it is important for you to contact your insurance company if you have any questions regarding your benefits, and for you to know what your payment obligations will be at the time of service.

Please note you will receive a separate bill for laboratory, anesthesiology, radiology and hospital services.

## IDENTIFICATION

Please bring a valid driver's license or state ID card, insurance cards and any necessary forms to all appointments so your insurance can be billed in a timely and accurate manner.

## DIVORCED OR SEPARATED PARENTS/GUARDIANS

Please see attached policy regarding custody and responsible party concerns.

## COPAYMENTS AND DEDUCTIBLES

Depending on your insurance policy, a copayment/deductible may be required at the time of service. These payments are expected to be made at the time of your appointment. Payment may be made in cash, by check or by card. We also accept Health Savings Account (HSA) cards for payment. If you fail to make a copay at the time of service, a \$15 billing fee will be added to your account.

Please note that the copayment is a contractual requirement from the insurance company and cannot be written off by the clinic. If you participate in a High Deductible Health Plan and have not yet paid your deductible in full, it is likely that any non-preventative services will require payment at the time those services are rendered. We are happy to discuss arrangements for payment by installment if you need to do so.

Please ensure that if you are unable to bring your child in yourself, that whoever brings the child in is prepared to make all payments.

## **\*\*COMING SOON\*\* CREDIT CARD ON FILE**

In order to make sure that we can collect your portion of the bill once your insurance company processes the claim, we require that a valid credit card be kept on file with the practice. Your card will only be charged the outstanding amount that your insurance company determine to be patient responsibility as spelled out in your Explanation of Benefits. Once your card is charged, a receipt will be sent to you by email.

**\*\*If you would like to make arrangements to pay the amount by installment, please notify the office in advance.**

## NON-SUFFICIENT FUNDS

When checks are returned to Sunset Pediatrics for non-sufficient funds a \$35 charge will be added to your account and you will be asked to pay with cash or credit card for future visits.

Revised 7/27/16

## **NO PROOF OF INSURANCE**

If you do not provide proof of valid insurance coverage, you will be required to sign a financial policy waiver at the time of service. Full payment will be due at time of service with a 20% discount eligibility.

## **PATIENTS WITHOUT INSURANCE COVERAGE**

We are happy to work with families that prefer to pay directly for services or do not have insurance. For such patients, a time of service discount of 20% will be applied to the bill if paid at the time of service. New patients must pay total amount for services at the time of their appointment. For established patients a \$100 deposit may be made and remaining payment will be billed to the guarantor on the account.

## **COLLECTIONS**

Accounts are due and payable in full within 30 days of statement date. Accounts with balances exceeding 90 days will incur a late fee of \$50. Accounts with balances exceeding 120 days will be released to a collections agency. In the unfortunate event that we need to assign an account to a collection agency an additional fee of \$150 will be added to the delinquent balance on the account. Families with any account sent to collections will automatically be dismissed from the practice.

## **CANCELLATION/NO SHOW FEE**

Missing an appointment without giving prior notice to the practice deprives other patients of the chance to take a slot that opens up. We require 24 hours' notice to reschedule or cancel any appointment. Failure to notify the clinic at least 24 hours prior to the appointment will result in a no show fee of \$75. Three or more no show appointments within a family (among all siblings) may result in dismissal from the practice. New patients that do not provide notice and miss their first appointment will be advised to seek care at another pediatric clinic.

As legal guardian of a minor patient, I agree to pay for all services rendered in accordance with the terms and conditions set forth in the financial policy of Sunset Pediatrics as stated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

# Divorced or Separated Parent/Guardian Policy

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OUR FOCUS IS THE CARE AND WELLBEING OF YOUR CHILD(REN). WE ARE UNABLE TO MEDIATE BETWEEN ANY PERSONAL ISSUES CONCERNING THE CHILD'S PARENTS OR GUARDIANS.

- Please make decisions regarding vaccinating your child(ren), circumcision, reproductive education, etc. prior to visiting our practice.
- Either parent or legal guardian can schedule an appointment for their child, be present for the visit, and/or obtain a copy of the child's medical record. Any restrictions on parental involvement in the child's care must be clearly presented via a court issued document, a copy of which should be sent to Sunset. **Unless such a court order exists in the child's record, we cannot limit the other parent's involvement in your child's care.**
- Payment (co-pays, deductibles, etc.) is due at the time of service regardless of which parent is responsible for medical coverage. We are not a party to your divorce agreement. **We will collect payment due from the parent who brings the child to the visit.** If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.
- Both parents/legal guardians can sign a "Consent to Treat" form. This means other persons (like grandparents, nannies, etc.) are authorized to bring your child to our practice, and can consent for treatment during that visit. **We will not be involved in any disputes regarding named individuals on your child(ren)'s consent to treat form.** Both parents/legal guardians can see who is named on each other's forms; however, we will not comply with requests to eliminate names on the other's form, unless instructed by the Court. Please refer these requests to your attorney.
- Additionally, Sunset providers and staff cannot:
  - Call the non-attending parent for consent prior to treatment or inform the other parent whenever visits are scheduled.
  - Call the non-attending parent after a child's visit to communicate care information.
  - Tolerate appointment scheduling/cancelling patterns of behavior between parents.

**PLEASE NOTE:** SHOULD THE ISSUES THAT COME BETWEEN PARENTS BECOME DISRUPTIVE TO OUR PRACTICE OR IMPEDE THE CARE OF CHILDREN, WE RESERVE THE RIGHT TO DISCHARGE YOUR FAMILY FROM FURTHER TREATMENT.