

FINANCIAL POLICY

Sunset Pediatrics is committed to providing your child with the best possible medical care, and we are available to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our relationship. We participate with most insurance plans. All insurance plans have specific rules and regulations regarding the use of certain labs and treatment centers, as well as referrals to specialists. We ask that you be aware of your plans directives and inform the doctors of them so that they can try as much as possible to keep within the scope of your plan. 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, Sunset is an independent medical office and you will receive a separate bill for laboratory, anesthesiology, radiology and hospital services.

IDENTIFICATION

Please provide a valid driver's license or state ID card, insurance cards and any necessary forms for all appointments so your insurance can be billed in a timely and accurate manner. Your insurance card contains valuable information regarding coverage and benefits. Please notify our office immediately when you change medical insurance, home address or telephone numbers.

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. We accept payment via cash, check, Visa, MasterCard, Discover or American Express. 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 once your insurance policy has processed the claim. 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 whoever brings the child in is prepared to make all payments.

CREDIT CARD ON FILE

Since 2019 Sunset Pediatrics requires all patients to keep a card on file in order to be considered active patients. When you come in for your child's visit, we will ask you to provide a credit, debit card, HSA or HRA to keep on file for your child's account. To insure the highest level of data protection, your card information is not stored at Sunset and is housed securely off-site with our PCI and HIPAA compliant card processing company. After your child's appointment, Sunset will courtesy bill any insurance plans we are contracted with and once they have processed your claim

they will send you an Explanation of Benefits (EOB) notifying you of your share of the financial responsibility. After your insurance has processed and Sunset has been notified of your remaining responsibility you will receive a statement from Sunset, along with a notification of when the remaining balance owed by you will be charged to your credit/debit card on file. After your card is charged and you will be emailed a receipt. The maximum amount your card will ever be charged at one time is \$250. If your balance is larger than that, a member of our billing staff will contact you to arrange payment. If you wish to be on a payment plan, you must contact our office as soon as you receive your EOB and/or statement and we will be happy to set that up.

NON-SUFFICIENT FUNDS

When checks are returned to Sunset Pediatrics for non-sufficient funds, a \$35 charge will be added to your account, and we will no longer be able to accept checks as forms of payment for outstanding balances.

NO PROOF OF INSURANCE

If you do not provide proof of valid insurance coverage or Sunset is unable to verify eligibility at any appointment, you will be required to sign a financial responsibility waiver at the time of service. This waiver states you will be responsible for full payment of any services performed at that visit at the time of service.

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 any remaining balance can be set up on a payment plan.

GOOD FAITH ESTIMATES

Patients who don't have insurance or who are not using insurance have the right to receive a "Good Faith Estimate" of how much their medical care will cost.

Your Rights Under the No Surprises Act

- You have the right to receive a Good Faith Estimate for the total expected cost of your visit. This includes any known related costs, such as routine immunizations, screenings, and labs. Estimates do not include unknown or unexpected costs. Charges for unforeseen services, such as labs, tests, x-rays, or same-day procedures will be added to your final bill.
- Healthcare providers are required to provide a Good Faith Estimate in writing at least one (1) business day before your scheduled appointment. You can also ask us or any healthcare provider for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy of your Good Faith Estimate.

COLLECTIONS

Any amount indicated as patient responsibility by your insurance company is due upon receipt of that determination. Accounts with balances exceeding 60 days will incur a late fee of \$50. Accounts with balances exceeding 90 days will be released to a collection 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.

PATIENTS 18 YEARS AND ABOVE

You will be responsible for charges accrued by children who have turned 18 until you notify Sunset Pediatrics in writing, prior to services being provided, that you no longer accept financial responsibility. State laws prohibit us from discussing medical information with the parent, even if they carry insurance on the patient, unless the patient gives permission and completes a release of information form.

CANCELLATION/NO SHOW FEE

Missing an appointment without giving prior notice to the practice deprives other patients of the chance to see the doctor. 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.

PATIENT PRIVACY PRACTICES

We are committed to ensuring your child's Protected Health Information (PHI) remains confidential. Your child's paper and electronic medical records are safeguarded and released only with your consent, or to your insurance carrier, other medical professionals directly involved with your child's care, or as required by law. Our Notice of Privacy Practices policy, which explains how your child's medical information may be used and disclosed, is available for your review or you are welcome to have a copy. If you would like to release your child's PHI to another doctor or facility, you will be required to fill out a separate form to request records.

MISSED APPOINTMENT POLICY/OUTSIDE SERVICE FEES:

We must be notified at least 24 hours in advance of an appointment cancellation/need to reschedule. A \$75 fee may be charged for a no show or late cancellation of appointments. Payment of this fee is the responsibility of the patient and is not covered by insurance. You may incur additional charges from providers outside your network for procedures done outside of our clinic that may not be a part of your exam. This can include laboratory, anesthesiology, radiology and/or hospital service fees.

FAQS

What is a deductible and how does it affect me?

An annual deductible is the dollar amount you must pay out of pocket during the year for medical expenses before your insurance begins to pay.

How will I know when my deductible has been met?

You can call your insurance at any time to check on how much of your deductible has been met. Some insurances have this information available online. You should receive notification from your insurance company with how much they paid or did not pay when they send you an Explanation of Benefits (EOB).

What if I don't know what my insurance benefits are?

Your insurance plan is a contract between you and your insurance company, even if your employer provides it. We provide medical services and submit the claim on your behalf if it is an insurance plan we contract with. We do our best to verify your benefits prior to the appointment (sick or well) to make sure we collect the appropriate amount owed or to make sure your visit will be covered by your plan; however, it remains the policy holder's responsibility to know their insurance policies.

But wait, I'm nervous about leaving you my credit card information.

We do not store your sensitive credit card information in our office. Once the card is swiped, only the last four digits of your account number is visible to our staff. Your account information is stored on with a secure, PCI and HIPAA compliant card processing company and is only accessed to process your payment and email you a receipt once the payment is processed. Your credit card on file is considered protected health information under HIPAA, and therefore far more secure than most retail establishments as it relates to identity theft.

I have a Health Savings Account (HSA) or a Flex Spending Account (FSA), can I leave that on file?

Yes, you can keep your HSA, HRA or FSA card on file, however, we may require an additional card to be kept on file should the funds in your account become insufficient.

Isn't this policy the same as "signing a blank check"?

No, Sunset Pediatrics will only charge your card for the amount your insurance company states is your responsibility. All credit card contracts give cardholders the right to challenge any charge against their account.

I have insurance through the State of Oregon Health Plan. Am I required to place a card on file?

You will be required to place a card on file if you request appointments for elective/uncovered services such as wart removals or circumcisions.

DIVORCED OR SEPARATED PARENT/GUARDIAN POLICY

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 unless otherwise ordered by court documentation.
- 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.

FINANCIAL RESPONSIBILITY AGREEMENT



I hereby acknowledge that:

- Sunset Pediatrics will bill all insurance companies that they are contracted with as “network” providers as a courtesy to their patients. I authorize Sunset Pediatrics to release any information requested by the insurance company/companies or respective representatives and act as my agent to secure payment for all services rendered.
- I authorize all insurance payments to be made directly to Sunset Pediatrics.
- As the patient or legal guardian of a minor patient I acknowledge full financial responsibility for services rendered by Sunset Pediatrics to me or my dependents and authorize transfer of all unpaid amounts to me, which includes, but is not limited to, co-pays, deductibles, co-insurance, pre-existing clauses, excluded conditions and/or termination of coverage.
- I agree to pay all legal fees including attorney and court fees as well as collection costs in the event of default payment of charges that are my financial responsibility.
- I acknowledge that I have received access to the “Notice of Privacy Practices” for Sunset Pediatrics. I have read and understand the “Oregon Referral Rights” policy.
- I understand that no warranty or guarantee has been made to me relative to result in care or medical outcome.
- I understand that I accept the terms outlined in each of the above stated policies.

Signature _____ Date _____

Print Name _____ Relationship to Patient _____

Children’s Names

Last Name: _____	First Name: _____	Middle Name: _____	Birth Date: ____/____/____
Last Name: _____	First Name: _____	Middle Name: _____	Birth Date: ____/____/____
Last Name: _____	First Name: _____	Middle Name: _____	Birth Date: ____/____/____
Last Name: _____	First Name: _____	Middle Name: _____	Birth Date: ____/____/____