



PAPAGO BUTTES PEDIATRIC CENTER

FINANCIAL POLICY

We are doing everything possible to hold down the cost of medical care. You can help a great deal by eliminating the need for us to send a bill to you. The following is a summary of our payment policy:

All Payment Is Expected At Time of Service

Payment is required at the time services are rendered unless other arrangements have been made in advance. This includes applicable copayments, non covered services, private payment accounts, and deductibles not yet met with insurance companies with whom we participate.

Patients with balances of 60 days overdue (approximately 2-3 statements sent) must make full payment or payment arrangements with our billing department to avoid scheduling interference. Continued nonpayment of balance due in excess of 90 days may result in a collection status at which time your account would be sent to an outside agency as well as patients being discharged from our practice.

Insurance

We bill insurance companies we participate with, however you are expected to pay your deductible and copayments at the time of service. On occasion we receive denials from insurance companies for reasons beyond our control (coordination of benefits, non covered procedures, terminated policies, etc...) at which time it is recommended you pay the balance in full and resolve any issues you feel are incorrect with your insurance company. Our billing department is available to help you resolve insurance issues as long as your account is current.

We do not bill secondary insurance companies.

Please keep in mind, some insurance companies have "timely filing" clauses and if you have not supplied a current copy of your medical **insurance card at time of service** your claim may be denied for termination. Waiting more than the 60 days for timely filing to supply our billing department with a new card will result in a denial from your new insurance company for timely filing and you can be billed the entire fee for that visit.

Missed Appointments / Late Cancellations

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellations are requested 24-48 hours prior to the appointment time. Excessive abuse of scheduled appointments may result in discharge from the practice.

Medical Records, Letters, and Forms Requested

Our patients' medical records are the property of Papago Buttes Pediatric Center and copies are available upon request. The following are fees associated with records, letters written by our physicians, and forms completed. Fees are to be paid at the time the request is made and will not be forwarded to our physicians until full payment is received.

Medical Records: With written consent we will send records where requested. Records sent to other physicians are done as a courtesy and there will be no charge. Records sent to or picked up by the patient / legal guardian requires a fee of \$25.00 per patient record. Records requested for third parties (attorney's, insurance companies, etc. . .) require a minimum fee of \$35.00.

Letters: On occasion our physicians are asked to write a letter on behalf of our patients, there is a required fee of a minimum of \$10.00 per letter requested.

Forms: There are many forms a parent is required to have completed such as school, camp, sports, and other sources. If a form is presented to the staff and physician during a scheduled visit it will be completed at no fee as part of the exam. If a form is presented without a scheduled visit there will be a required fee of \$5.00 per form.

I have read and understand the Papago Buttes Pediatric Center Financial Policy. I agree to the terms listed above.

_____ Date: _____
Signature of Patient, Parent, or Legal Guardian