

# Southeast Denver Pediatrics, P.C.

2121 S. Oneida St., Suite 200, Denver, CO 80224  
Ph: 303-757-6418, Fx: 303-757-2209

11960 Lioness Way, Suite 200, Parker, CO 80134  
Ph: 303-471-5060, Fx: 303-471-5062

## Non-coverage Disclaimer

Dear Patient:

Your insurance policy may determine that a service is not a covered benefit, or your health plan may process services as "out-of-network". Nevertheless, you and your physician may still believe that the service is important for your child's care and development.

Possible reasons for non-coverage by your policy are:

- A service is excluded from your individual policy.
- Your insurance company considers a particular service as "unnecessary".
- You do not have "routine benefits".
  - o It is the patient's responsibility to make sure they have appropriate coverage for services provided.
  - o Routine physicals are billed as such including all screenings and procedures that are recommended by the American Academy of Pediatrics, and may also include charges for services provided addressing any health problems or concerns that are presented at the time of/or in addition to the regularly scheduled exam.
  - o If you do not have "routine benefits", you will be responsible for paying the balance for services rendered.

### Out-of-network Health Plans

- o If our office determines your health plan could be "out-of-network," and you still choose to have services performed by Southeast Denver Pediatrics, you may be responsible for the cost of the visit in full. Please verify your network coverage with your insurance or health plan prior to any regularly scheduled visit to prevent any delay or discrepancy in billing.

### Immunization Non-Coverage

- o If the current policy you hold is under Kaiser, Tricare, Liberty Health Share, Medi-Share, Christian Care Ministries, or any other health share plan; Your child's immunizations may not be covered. If you choose to receive immunizations at our facility, you may be responsible for the entire cost without discount. Alternatively, you may visit a Tri-County Health Facility to receive any immunizations that may be required.

We are unable to appeal claims that have been denied as "non-covered" or "out-of-network" by your plan. If you have questions regarding billing, please contact our billing department or the Practice Manager. If you have questions regarding your coverage or the processing of a claim, please contact your insurance company.

## Beneficiary Agreement:

I have been notified by my physician that my insurance company or plan may deny payment for services provided per the terms of my insurance policy. If my insurance company denies payment and assigns the remaining balance as "patient due"; I agree to be personally and fully responsible for payment. I understand that my physician's office is unable to appeal or re-bill any services that are denied due to non-coverage or "out-of-network" status. If the account is sent to collections, I agree to pay all collection fees, court costs and attorney's fees, with or without suit, incurred in collecting any past due balance.