CHILDREN'S MEDICAL CLINIC OF SANTA BARBARA, INC.

Financial Policy

Thank you for choosing Children's Medical Clinic for your children's medical care. We would like to advise you of our financial policy. If you have any questions, please feel free to ask at any time.

_____ (Initial)

REGARDING INSURANCE

Please remember that insurance is not a guarantee of payment. It is your responsibility to pay any deductible, co-payment, co-insurance, or any non-covered services. It is also your responsibility to know the authorization procedure for referral services. You are responsible for any services provided before eligibility confirmation. Our office will verify eligibility after we have received a copy of your insurance card (for billing purposes only). If there is a delay or a problem with your insurance carrier, questions should be discussed directly with your insurance carrier representative. We are happy to bill your private insurance carrier as a courtesy to you. Our office does **NOT** accept third party claims for personal injury.

_____ (Initial)

HMO POINT OF SERVICE PLANS

You will be asked to sign a "point of service" (POS) authorization form when your insurance card lists a provider other than Children's Medical Clinic or any of our named physicians. You will be expected to pay at the time of service. You do have the option to change your child's provider while here in the office. Please ask receptionist for help.

_____ (Initial)

USUAL AND CUSTOMARY RATES

Our practice is committed to providing the best treatment for our patients. Charges are considered usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination for usual and customary rates.

_____ (Initial)

COMBINED VISITS

If you are scheduled for a "preventative care" visit, and other health concerns are brought up that would typically require a "sick" visit, your insurance company may consider these two as separate visits and bill your co-pay and other charges accordingly.

_____ (Initial)

NEWBORN DEPOSIT

Newborns, whose parents subscribe to an HMO or PPO insurance plan and desire to be seen here, will be asked to leave a $100.00 deposit. This deposit will be returned to you when your child's insurance card is presented and eligibility verified.

_____ (Initial)

DIVORCED/SEPARATED PARENTS

It is our policy that the parent bringing in the child for care is responsible to pay deductibles, co-payments, and any non-covered services at the time of visit, regardless of your court arrangements.

_____ (Initial)

MINOR PATIENTS

EXCEPT AS MANDATED BY LAW, a parent/legal guardian must accompany a minor child(ren) for all appointment types. For unaccompanied minors, non-emergent treatment will be denied unless a written note authorizing treatment has been received.

_____ (Initial)

Letters & Phone Calls (and Extended phone calls)

At times we are asked to write letters or talk to others on behalf of patients. Parents sometimes wish to discuss issues over the phone. Minor illnesses and brief advice can be dealt with in this way. Problems that require an "extended" discussion usually require a visit. If you choose to do this over the phone, you will be billed for the time directly.

_____ (Initial)

ADMINISTRATIVE FEES *– Included but not limited to HMO, PPO, Medi-Cal, and Cencal plans*

CMC charges various fees for the following items, which require personnel and resources to address:

- Bill for co-pays and/or deductibles
- Special request physician letters
- Copies of medical records
- Special request completion of school physical forms, camp or sports physical forms, medication forms (free during visit)
- Returned check (for insufficient funds)
- "No-Show" Fee: Assessed if you do not show up for a scheduled appointment

_____ (Initial)

ALL PAYMENTS ARE DUE AT THE TIME OF SERVICE

This includes, but is not limited to copay's, deductibles, co-insurance, non-covered services, cash paying patients and a nontraditional health insurance plan where members share health cost.

_____ (Initial)

UNPAID BALANCES

You will be asked to pay any account balance over 60 days due. Balances **over** 60 days will be charged a $25 rebilling fee for each subsequent statement issued. Balances ***over*** 120 days may be subject to referral for collection.

_____ (Initial)

PROHIBITION AGAINST MEDICAL CREDIT REPORTING

"A holder of this medical debt contract is prohibited by Section 1785.27 of the Civil Code from furnishing any information related to this debt to a consumer credit reporting agency. In addition to any other penalties allowed by law, if a person knowingly violates that sections by furnishing information regarding this debt to a consumer credit reporting agency, the debt shall by void and unenforceable."

_____ (Initial)

OPEN PAYMENTS DATABASE

"The Open Payments database is a federal tool used to search payment made by drug and device companies to physicians and teaching hospitals. It can be found at
https://openpaymentsdata.cms.gov
For information purposes only, a link to the federal Centered for Medicare and Medicaid Services (CME) Open Payment web pages is provided here. The federal physician payments Sunshine Act requires that detailed information about payment and other payments of value worth over ten dollars ($10) from manufacturers of drugs, medical devices, and biologics to physicians and teaching hospitals be made available to the public."

In accordance with Assembly Bill 1278, the Children's Medical Clinic is providing this to notice so that clients who choose to can reference the above website and be assured we have no potential conflicts of interest via direct payment from drug companies or medical device manufacturers

I have read, understand, and accept all information contained this this financial agreement.

Patient Name:

_____ **Parent/Guardian Name (print)**

_____ **Signature**

_____ **Date**