

Appointment / Financial Policy

Registration

At least once a year you will be asked to complete our registration form for the purpose of keeping your contact and billing information accurate for each child.

Payment and Billing for Services

Financial hardship should never stand in the way of medical care. If you are experiencing financial hardship please speak with a member of the billing department to make payment arrangements.

Payment of deductibles and copays are due at the time of check-out. For your convenience, payments to The Children's Clinic can be made with Visa, MasterCard, debit, cash or check. In the event your bank returns a check to us, a service charge of \$30.00 and any applicable bank fee(s) will be charged to your account. Account balances over 60 days will incur a monthly service charge of 0.87%.

Please remember that you, not your insurance company, are responsible for making sure your bill is paid. If your account becomes delinquent your family may be discharged from the clinic and your account balance will be turned over to a collection agency.

Insurance

The Children's Clinic accepts and bills to all medical insurance companies. It is your responsibility to update your billing information and provide The Children's Clinic with a copy of your most recent insurance card when you arrive for your appointment. Your insurance card is not a guarantee of insurance or payment. To prevent a delay in insurance payment please respond to all of your insurance correspondence.

Medicaid

You must present a current Medicaid card for the month of your visit. If you are unable to present proof that your child is currently eligible, please discuss it with our billing department before coming to the appointment so arrangements may be made.

Tricare

We will submit your entire bill to Tricare as a courtesy for you. Tricare does not pay The Children's Clinic, the check is sent to the subscriber. Therefore, payment in full is required at the time of check out.

Breastfeeding Supplies

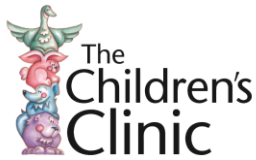
If you purchase breastfeeding supplies from our office, please understand these are self-pay items and are not submitted to your insurance for payment. Once items leave our office they cannot be returned/refunded.

Weekend Services

To provide quality care to our patients on the weekend, we charge an additional fee of \$25.00 with a valid CPT code; *this does not apply to walk-in vaccine services*. This fee is submitted to your insurance for payment, but if your insurance does not pay it will be your responsibility. This reasonable charge enables us to remain available for the needs of our clinic families on the weekend.

Preventive Visits

Your doctor wants to provide the best medical care for every patient. Their medical decisions are based on the recommendations and guidelines provided by the American Academy of Pediatrics (AAP). Please be aware that a preventive visit no longer consists of a single service charge, it is an itemized bill reflective of each individual service performed during the visit. You may expect to receive an E/M charge, screening charges, immunization administration charges, and lab charges. All of these services encompass a full, comprehensive preventive exam as recommended by the AAP. Your specific insurance plan may not pay for all of the preventive services and this may result in a self-pay balance that will be your responsibility to pay.



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Appointment / Financial Policy continued

Payment and Billing for Services continued

Preventive Visit with Concerns

Sometimes you may arrive to your preventive appointment with additional concerns regarding your child's health or behavior or the doctor discovers an abnormality that leads to additional doctor time and medical decision making, in these situations you may be billed for a preventive visit and an office visit.

Appointments

Our office is open 7 days a week, with evening appointments during the week and limited hours on the weekend. Evening and weekend appointments have limitations on what types of appointments may be scheduled as the primary purpose of being open is to see patients with acute illnesses.

If you are more than 10 minutes late for your appointment, we will try to work you back into the schedule, or perhaps offer an appointment with another provider. Out of courtesy to our other patients, we may have to reschedule your appointment. If the appointment will need to be rescheduled, it will be considered a "No Show".

No Show Policy

Initials

Any patient who fails to arrive for a scheduled appointment, without cancelling prior to the appointment time, is considered a "No Show" and will be assessed a \$30.00 fee. This No Show fee will **NOT** be billed to your insurance, it is a self-pay only item. A family with multiple "no show" appointments, may be discharged from The Children's Clinic.

My Signature Below:

- Acknowledges that I have been given the opportunity to read The Children's Clinic Notice of Privacy Practices.
- Grants The Children's Clinic the right to collect all reasonable costs, interest/billing fees, collection agency fees and disbursements associated with any legal action taken to recover a debt for services rendered.

I have read and understand the terms and conditions set forth above and agree to the terms and conditions therein. I further understand that failure to comply with this and any other policies of The Children's Clinic may result in termination of medical services. By signing below, I have selected The Children's Clinic as my child(ren)'s pediatric primary care provider and agree to the policies and expectations in this document.

Signature of Parent/Guardian/Patient 18+ _____ Relationship to Patient _____ Date _____

Children's Names

Date of Birth
