



Alaska Pediatric Specialties

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3841 Piper Street, Suite T4-020
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Alaska Pediatric Specialties Financial Policy

We recognize that medical treatment can be expensive and confusing. If at any time you would like clarification on your balance, please feel free to call our office at 907-929-7337.

- ★ Payment on services billed to an insurance carrier will be due 60 days from the date the claim was submitted to the insurance carrier listed on the billing information provided by the Hospital.
- ★ If you do not have insurance, you will be responsible for your full balance. We want to work with you on your balance so please contact our billing company to discuss payment options.
- ★ In some cases, your insurance company may send you a check for your medical treatment instead of sending it directly to the provider. Please be aware that this balance will be your responsibility. It can be confusing, and we are happy to walk you through your balance at any time.
- ★ For your convenience, we accept Visa and MasterCard. We recognize that accounts with exceptionally large balances may require an extended payment period. Please contact us for further details and to set up your payment plan. Note that once we agree to a payment plan, you have committed to make monthly payments. *We reserve the right to send your account to collections without notice if you miss a payment without communicating with our office.*
- ★ **Please keep in mind that your insurance policy coverage is a contract between you and your insurance company.** As a service to you, we will bill your insurance for you. If you have more than one insurance plan, be sure we know who they are; we will file secondary and tertiary insurance claims for you if notified promptly. If your insurance company does not pay the claim by 90 days of the submission date, we will look to you for payment. If we receive a payment from your insurer resolving your account, we will refund any overpayment to you.
- ★ We expect that if you have a co-pay or deductible that you will make payment on that amount upon receipt of the billing statement.
- ★ Not all insurance plans cover all services. In the event your insurance plan determines a service to be “not covered,” or over their “allowable” amount, you will be responsible for payment of the balance remaining.

By signing below, you acknowledge receipt of this financial policy and understand its contents.

Patient/Guardian Signature

Date

Patient Printed Name

Account#