

Cactus Children's Clinic, P.C.  
Financial Responsibility

**COPAYS** - Are due at the time of service. There will be a \$10.00 fee for any copay or balance not paid on the next business day by 5:00 p.m.

**NON COVERED CHARGES/DEDUCTIBLES** - Are due upon receipt of Explanation of Benefits from your insurance company. It is your responsibility to contact your insurance if you feel the claim was denied incorrectly. If any corrections can be made on our end to obtain payment we will re-bill the claim. If a claim goes unpaid due to a dispute past 45 days it is your responsibility to pay the balance & continue to fight the claim. If the claim gets paid we will reimburse you upon receipt of payment.

**NON-PAYMENT OF ACCOUNT** - If a balance goes unpaid it may result in additional fees and be forwarded to a collection agency. Non-payment of any account can result in discharge from the practice. (Bankruptcy is considered a form of non-payment).

**RELEASE OF RECORDS** - Your 1<sup>st</sup> copy of your child's medical records are given to you at no cost, thereafter a \$25.00 fee per request of medical records will apply. There will be no charge for records requested directly by a specialist or primary care (if changing doctors). **Records will not be faxed.** You can pick-up your records at no cost or have them mailed for a \$10 fee. Please allow 7 - 10 days for processing. Children that have not been to our office in the past 3 years may have their records kept off-site so allow an additional 7 - 10 days.

**FMLA/FORMS** - There is \$10.00 fee for each child or for each form that needs to be completed. There is no charge for Physical forms done at the time of a physical & up to 1 month after. Please make sure to complete our release form and allow 3 - 4 days for processing.

**NO SHOWS** - A \$25.00 fee will be charged when a scheduled appointment is not cancelled or re-scheduled ONE hour prior to the appointment time. We attempt to confirm appointments, but remember this is a courtesy & it is your responsibility to know our appointment time.

**INSURANCE INFORMATION** - You are required to provide all primary and secondary insurance information along with copy of cards. If a claim is denied due to coordination of benefits or invalid insurance given at the time of service the balance will be turned over to patient responsibility and due in full. **It is your responsibility to know your insurance coverage** and any disputes of claim coverage or deductibles will have to be taken care of by policy holder. You are required to update your Patient Information yearly or when any changes to address or insurance occur.

Patient Name: \_\_\_\_\_  
DOB: \_\_\_\_\_

I have read & acknowledge the above policy:

\_\_\_\_\_

(parent/legal guardian signature)