



6512 S. McCarran Blvd, Suite D
Reno, NV 89509
Phone: 775-900-9987
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Ponderosa Pediatrics Financial Policy

(Effective April 1, 2026)

Thank you for choosing **Ponderosa Pediatrics** as your child's healthcare provider. We are committed to providing high-quality medical care while maintaining clear and fair financial policies. To help avoid misunderstandings and billing issues, we ask that all families review and sign this financial policy.

Guarantor Responsibility

The **guarantor** is the individual who accepts financial responsibility for the patient account. The guarantor is responsible for all charges incurred on the account regardless of insurance coverage, custody arrangements, or who accompanies the child to the visit.

The parent or legal guardian bringing the child to the appointment is responsible for payment of copayments and any patient balances due at the time of service unless prior arrangements have been made with our office.

Insurance

As a courtesy to our patients, Ponderosa Pediatrics will submit claims to insurance companies with whom we are participating providers.

Please remember:

- **Insurance cards must be presented at every visit.**
- It is the guarantor's responsibility to understand their insurance benefits, including deductibles, copayments, coinsurance, and covered services.
- Insurance coverage varies widely and is determined by your insurance company, not by our office.
- Any portion of services not covered by insurance is the responsibility of the guarantor.

If your insurance has not processed a claim within **60 days**, the balance may be transferred to the guarantor until the claim is resolved.

Change of Insurance or Address

Please notify our office as soon as possible of any changes to insurance coverage, address, or contact information. If we are not informed within **15 days** of a change, the guarantor may be responsible for charges not paid by insurance.

Payment at Time of Service

Payment is required at the time services are rendered. This includes:

- Copayments
- Coinsurance
- Deductible amounts
- Outstanding balances, including services not covered by insurance



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For patients with high deductible plans, a **minimum payment of \$50** may be required at the time of service and will be applied toward the patient balance.

Credit Card/ACH on File

Credit Cards/ACH numbers are stored securely in our **PCI-compliant payment system**. A signed Credit Card/ACH on File Authorization Form is **required for all patient accounts**. This authorization allows Ponderosa Pediatrics to securely store a credit or debit card or ACH for payment of patient responsibility balances after insurance processing. Balances remaining after insurance processing may be charged to the card/ACH on file. Whenever possible, families will be notified prior to processing larger charges.

Payment Methods

We accept the following forms of payment: Cash, Personal Checks, Debit Cards, Visa, Mastercard, Discover and American Express.

Returned Check Fee

A **\$30 fee** will be charged for any checks returned by the bank. After more than one returned check within a 12-month period, future payments may be required in cash or by credit/debit card.

Missed Appointment Policy

Missed appointments prevent other patients from receiving care and create scheduling challenges for our providers.

- **Well visits require 24 hours notice** to cancel or reschedule.
- **Sick or problem visits require 2 hours notice.**

Appointments cancelled outside these timeframes may be considered a **missed appointment** and may incur a **\$50 missed appointment fee**.

Appointment reminders may be sent by text, email, or phone as a courtesy. **Failure to receive a reminder does not waive the missed appointment policy.**

Families with three missed appointments may be subject to dismissal from the practice.

Administrative Forms

Completion of forms such as school forms, camp forms, sports physical forms, and similar documents will require physician review.

- Standard processing time is **3–5 business days**.
- Requests requiring completion within **24 hours** may incur a **\$25 expedited processing fee**.

Billing and Statements

Statements are generated approximately **every 30 days**. Balances are due upon receipt. Accounts that remain unpaid after **90 days** may be referred to an outside collection agency.

Patients may pay balances through the patient portal, using text to pay, by phone, by mail, or in person. Payment plans may be offered in certain situations at the discretion of the practice.



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Collections

If an account becomes seriously past due and is referred to a collection agency, additional collection costs may apply. Ponderosa Pediatrics reserves the right to terminate the provider-patient relationship for nonpayment following written notice and reasonable time for the family to secure another healthcare provider.

Divorce or Custody Arrangements

Ponderosa Pediatrics does not become involved in custody or divorce financial arrangements.

The guarantor listed on the account is responsible for all charges regardless of court orders or agreements between parents.

Medical Records Requests

Patients requesting copies of medical records must complete an **Authorization for Release of Information** form.

Copy fees are based on Nevada state guidelines:

- No charge for the first **5 pages**
- **\$0.35 per page** for pages 6–500
- **\$50 flat fee** for records exceeding 500 pages
- Postage fees may apply if records are mailed

Medical records will not be withheld due to unpaid balances.

Transfer of Care

If you choose to transfer your child's care to another provider, a signed medical records release form must be completed before records can be sent.

Billing Questions

For billing questions, please use Billing Questions Inquiry on the website or may phone the billing department at 775-900-9981.

Acknowledgment

I acknowledge that I have read and understand the Ponderosa Pediatrics Financial Policy and agree to comply with its terms.

Patient Name: _____

Guarantor Name: _____

Signature: _____

Date: _____