

## FINANCIAL POLICY



We are committed to providing you with the best possible care. If you have medical insurance we wish to help you receive your maximum allowable benefits. In order to achieve this, we need your understanding of and assistance with our financial and payment policy.

Payment is required at the time of service. We accept cash, check or credit card (Visa or MasterCard).

For patients with private or no insurance full payment is required at the time of service.

For patients with HMO plans (e.g., Pacificare, Blue Cross, Health Net, Blue Shield, etc.), copayment is required at the time of service. The amount of copayment varies with different plans. You are responsible for knowing the copayment amount and Primary Care Physician listed on each child's card.

For patients with PPO plans (e.g., Blue Cross, Principal Mutual, Blue Shield, Aetna, etc.), payment is required at the time of service until the new year's deductible has been met. After that, we require copayments or your liability (usually 10-50%) to be paid at the time of service.

While the filing of insurance claims is a courtesy that we extend to our patients, all charges not covered by your insurance company are your responsibility.

For patients with Medi-Cal, the card is required at the time of service. Patients are responsible for payment of services provided if no card is received. \*\* No well-child care will be given without the card. \*\*

Bills unpaid for more than 90 days may be turned over to a collection agency unless other arrangements have been made. Accounts that are turned over to collections may result in dismissal from the practice.

**\*\* If special circumstances make immediate payment impossible, payment arrangements must be approved in advance by our Business Office staff. \*\***

Missed appointments: unless cancelled at least 24 hours in advance, there will be a charge for missed appointments. Please help us serve you better by keeping scheduled appointments. Multiple missed appointments may result in dismissal from the practice.

I have read the above Financial Policy; I have understood it and I agree to it. I have also received a copy of this financial policy.