Patients Name _____D.O.B_____

FINANCIAL POLICY
EL PASO PEDIATRIC ASSOCIATES

Thank you for choosing El Paso Pediatric Associates to be your health care provider. El Paso Pediatric Associates is committed to providing quality health care for your child.

We are doing everything possible to hold down the cost of medical care. With that in mind we are giving you a copy of our financial policy to review. If you have any questions concerning our policy please be sure and speak with someone from our billing department.

ALL PAYMENT IS EXPECTED AT TIME OF SERVICE
Payment is required at the time of service unless other payment arrangements are made in advance. Participating health insurance plans may have a deductible, co-insurance or co-payment, which is the subscriber's responsibility to pay.

Co-payments must be paid at the time of service regardless who brings the child to the office. The person accompanying the child is responsible for paying the co-payment at the time of service.

The responsibility for payment for services for any dependent children whose parents are divorced rests with the parent who seeks treatment. Any court ordered responsibility judgment must be determined between the individuals involved without the inclusion of our office.

A discount is available for payment in full at time of service. If the co-payment is not made at the time of service, a billing fee will be assessed. We do not bill secondary insurance companies for co-payments.

METHODS OF PAYMENT
Acceptable methods of payments are cash, personal check, VISA, MasterCard, American Express, or Discover. A service fee of $35.00 will be assessed for all returned checks.

FINANCIAL HARDSHIP
If you are facing financial difficulties, please call the billing office to make special arrangements at 866-371-6118.

OUTSTANDING BALANCES
Any charges remaining unpaid 60 days after the date of service are considered past due. Past due accounts must make arrangements with the billing office prior to scheduling well appointments.

School, camp or sports forms will not be provided for patients with past due accounts unless arrangements for payments have been made with the billing office.

Accounts over 90 days past due will be considered seriously delinquent and referred to our Collection Agency. Failure to provide payment for services rendered may result in discharge from the practice.

INSURANCE
We bill participating insurance companies as a courtesy. If you do not have insurance with which we participate, full payment is expected at time of service.

Our offices cannot always tell you in advance whether or not your charges will be covered by your insurance plan. Insurances have multiple plans that vary with employer group contracts. We ask that you be as familiar as possible with your own insurance plan. We will not change a diagnosis or visit reason to accommodate an insurance plan. Some insurance plans do not cover well exams. You must present your insurance identification card(s) at each visit to ensure correct billing, eligibility, and co-payment information. It is your responsibility to notify this office of any insurance change.

If we have been unable to resolve your claim with your insurance company within 45 days of date of service, we will try to notify you and ask that you check into the delay. If the claim is still unresolved after 60 days, whether or not we have notified you previously, we will request payment in full from you directly. You are ultimately responsible for all charges.

It is essential that you enroll newborn infants with your insurance carrier within 30 days of the child's date of birth. If the child is not enrolled, the child has no insurance coverage under your policy. If you fail to do this within 30 days following the child's birth you will be billed for the services provided.

RESPONSIBILITY FOR MEDICAL CARE
Every minor child, under the age of 18 must be accompanied by a parent/legal guardian or by an adult who has obtained written consent for treatment from the parent/legal guardian. An exception is an adolescent presenting for confidential services, which we are permitted by state law to provide without notifying the parent.

REFERRALS
If you are enrolled in any insurance plan that requires a referral, you must receive the referral from our office BEFORE SEEING SPECIALIST. This must be done in advance with the referral coordinator and you must allow adequate time to process the referral. **$35.00 CHARGE FOR SAME DAY REFERRALS**. Referrals are provided at the discretion of your doctor, based on their knowledge of your child's health issues. A visit may be required.
Our referral coordinator can be reached Monday-Friday 9AM-5PM at the Belvidere office 533-1441 or the Saddle Bronc office, 593-2033. Please have the necessary information available including the child's name, date of birth, phone number, insurance, specialist's name and phone number and reason for the referrals**. PRESCRIPTIONS FOR SCHEDULE II MEDICATIONS**, such as those for ADD, these medications require a chart review and must be written by the doctor. A $10.00 fee will be charged at time of pickup. SAME DAY PRESCRIPTIONS HAVE AN ADDITIONAL $ 35.00 CHARGE.

MISSED APPOINTMENTS/LATE CANCELLATIONS Missed appointments are costly to us, to you and to other patients who could have used the time set aside for your child. Cancellations are requested 24 hours in advance. There will be a $25.00 charge for missed appointments or appointments that are canceled less than 24 hours in advance. Our staff will attempt to call to remind you of the appointment: however the responsibility to keep the appointment is yours. You may be asked to confirm your appointment 2 days in advance. Excessive missed appointments may results in discharge from the practice. There is a $10.00 administration fee for any paperwork requiring a doctor's signature to be paid at time of pickup.

Understanding My Bills & Copays

- No copays are required for most preventive care services (or care provided to Medicaid-enrolled children)
- Many times parents have extra concerns about their child's health or behavior that requires extra time and is not part of a routine preventive care visit.
- For the convenience of children and families, and when schedules permit, we try to address these added problems as part of your child's "check up" office visit.
- If your child happens to be sick during a well check and extra time is needed to evaluate for treatment we are required to bill an office visit.
- In this situation, as per guidelines developed by the AMA and American Academy of Pediatrics, we will bill for the added office visit time.
- Several insurance companies are now asking that we collect a co-pay from families when we address these extra problems in addition to the well child visit.
- If more convenient, we can also schedule a separate appointment to address these additional health concerns.
- Our goal is to deliver the very best quality care to your child and family-comprehensive, convenient and fairly priced.
- If you ever have any questions about your bill, please feel free to speak with our billing department at 866-371-6118
- Please bring any medications, prescription bottles, asthma devices and any other pertinent equipment with you to every visit to make the most out of it.

I have read and understand the El Paso Pediatric Associates Financial Policy. I also agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed, I will also be responsible for the fee charged by the collection agency for cost of collections. I certify the insurance information I have given is correct. I authorize release of any medical information to process a claim. I authorize payment to be made directly to El Paso Pediatric Associates. I permit a copy of this authorization to be used in lieu of the original. I authorize the release of information to other medical providers that my children have been referred to. If I agree to be placed on a payment plan to collect an outstanding balance, I agree for El Paso Pediatric Associates to charge the credit card I provided on the agreed monthly schedule.

Child's Name:_____D.O.B:_____

Signature:_____Date_____

If you need assistance or have questions, please contact our billing office at **866-371-6118.**