



Child's Name _____

Date of Birth _____

APPOINTMENT PAYMENT POLICY

We at Children's HealthCare are doing everything possible to hold down the cost of medical care. You can help a great deal by eliminating the need for us to bill you. The following is a summary of our payment policy.

PAYMENT IS DUE AT THE TIME OF SERVICE

PAYMENT

We do accept the following methods of payments: CASH, CHECKS*, VISA, MASTERCARD, DISCOVER and AMERICAN EXPRESS. There will be an additional billing fee if all required payments and co-pays are not paid at the time of service.

*Please note there is a service charge for returned checks.

SEPARATED PARENTS

We recognize how difficult relations can be when parents are separated; however, PAYMENT IS DUE AT THE TIME OF SERVICE. We are unable to bill the other parent.

RECEIPTS

You will receive a receipt for the services we provided at the time the service is rendered. There is an additional fee for duplicate copies of the receipt.

OUTSTANDING BALANCE

Patients with an outstanding balance of sixty (60) days overdue must make arrangements for payment prior to scheduling appointments. Accounts referred to an outside collection agency will be subject to a 30% collection fee. This fee will be in addition to the total balance due. Patients with unpaid delinquent accounts which have been sent to an outside collection agency may be discharged from our practice.

IMMUNIZATIONS FEES

We do realize families may encounter financial difficulties; therefore, we may advise that for your financial situation you seek your child's immunizations through a clinic or health bureau.

INSURANCE

You are financially responsible for all services rendered regardless of any insurance claims. If your child is enrolled with an insurance company we participate with, we will submit services that are normally covered. Emergency room visits may not be covered by insurance.



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APPOINTMENT PAYMENT POLICY continued

MANAGED CARE

If the patient is enrolled in a managed care insurance plan, such as a H.M.O., you must receive a referral from our office **before** attending any specialist appointment. NO retroactive referrals will be provided.

AFTER HOURS VISITS

There is an additional charge for children seen by our providers after routine office hours. This includes Saturday and Sunday urgent visits.

MISSED APPOINTMENTS

There is a charge for missed appointments. This charge also applies to appointments cancelled with less than a four (4) hour notice.

LATE ARRIVALS

We are Children's HealthCare value your time. In an effort to keep our providers running on-schedule, you will be asked to reschedule your visit if you arrive 15 minutes (or more) late for your appointment.

FORMS

There will be a \$10.00 charge for completion of any form not completed at the time of the office visit.

MEDICAL RECORDS

There will be a fee per page for copying medical records.

I have read and understand the above listed Payment Policy of Children's HealthCare.

Signature of Patient or Patient's Personal
Representative/Parent/Guardian Completing Form

Printed Name of Person Completing this Form

Date

Relationship to Patient