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. 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*, co-payment is required at the time of service. The amount of co-payment varies with different plans. You are responsible for knowing the *co-payment* amount and *primary care physician* listed on each child's card.

For patients with **PPO plan**, payment is required at the time of service until the new year's deductible has been met. After that, we require co-payments or your liability 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 then 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 canceled 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.

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