

## *Ahwatukee Pediatrics P.C. Financial Policy*

Thank you for choosing Ahwatukee Pediatrics for your child's health care. We are committed to providing quality medical care for your children. In order to reduce potential misunderstandings, our office has adopted the following Financial Policy. We require that you read it and agree to abide by it prior beginning treatment.

### ***Insurance***

Your insurance policy is a contract between you and your insurance plan. We cannot efficiently bill your insurance company unless you provide us with current and valid insurance information. As a courtesy, we will file claims to those plans with which we have a contracted agreement. If, however, your insurance company does not pay the claim within a reasonable amount of time, we will look to you for payment.

All health plans are not the same and they do not always cover the same services or facilities. In the event that your health plan determines that a service is "not covered," you will be responsible for the entire charge. This office is not responsible for disputing decisions made by your insurance carrier regarding coverage. Payment for services rendered is due by the 1<sup>st</sup> day of the month after the charge has printed on your statement. It is the policy of this office to turn accounts with balances overdue for 90 days or more to a collection agency. We would prefer not to take this course of action as it may adversely affect your ability to obtain credit in the future.

We expect you to familiarize yourself with the benefits and limitations of your insurance policy including, but not limited to: deductible and co-payment amounts as well as approved labs, radiology facilities, and hospitals contracted with your plan. It is your responsibility to notify our office when either your insurance plan or benefits change. Any costs incurred by this office because of incorrect information you provided to us will be passed on to you.

If you have insurance coverage with a plan with which we do not participate or you currently have no health insurance, charges for your child's care and treatment are due at the time of service, unless prior financial arrangements have been set up by calling Shelly at (480) 496-6444.

### ***Deductibles / Copays / Payments***

Our insurance contracts require us to collect deductible amounts and copays at the time of service. Payment for past-due balances for previous services rendered is also expected when your child is seen in this office. In the event that a payment is not made at the time of service, a \$10 service charge will be added to your account balance. If your check is returned to us for insufficient funds, we will assess a \$25 service charge to your account to defray fees charged to us by our bank. **All accounts sent to a collection agency will be charged a 35% service fee for collecting overdue accounts. Accounts become overdue after 90 days and will be sent to our collection agency for processing.**

### ***Minors***

A parent or legal guardian must accompany a patient under the age of 18 years on every visit to our office.

### ***Appointments***

Our goal is to provide the best possible care and physician availability to each of our patients. Our policy is to charge \$25 for each missed appointment unless it is cancelled at least 24 hours in advance. Please help us to respect and better serve each patient in our practice by making every effort to keep each of your child's scheduled appointments and by calling as early as possible when you must cancel or postpone an appointment.

I hereby authorize Ahwatukee Pediatrics P.C. to release information required by my insurance company for payment of my child's medical bills or to review activities related to my healthcare provider's participation in my health plan. I assign Ahwatukee Pediatrics any and all benefits to which the patient or insured party is entitled for medical services rendered.

I have read this Financial Policy and agree to abide by it.

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Patient Name (Please Print)

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Signature of Parent or Guardian

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Date