

Patient Name _____

Renton Pediatric Associates FINANCIAL POLICY

Thank you for trusting us to provide medical care to your child. We appreciate the opportunity to provide you superior medical care and customer service. We are concerned about the ever-rising cost of health care and are dedicated to holding down costs to our patients. Our staff of physicians and healthcare providers are committed to your successful treatment and well-being.

Please read the following financial policy and information carefully and sign at the bottom of the page prior to treatment. If you have any questions, please ask for clarification. Every parent is requested to sign this form for each child before we can provide services.

Upon check-in for an appointment you will be asked to produce a valid ID and current insurance cards.

RESPONSIBLE PARTY

You are responsible for paying for the services that are provided to you by our healthcare providers. If the patient is a child, the responsible party will be the biological parent or legal representative seeking medical care for the child. If a party is authorized by signed consent, the responsible party authorizing the consent will be liable for the services. Renton Pediatric Associates is not obligated to follow civil court decisions, including financial obligations for divorced decrees or parenting plans.

UNDERSTANDING YOUR BENEFITS

Please familiarize yourself with your insurance benefits and verify that the provider you are seeing is part of the preferred provider network. Your health plan mandates that you are financially responsible for payment of all copays, deductibles, and non-covered services and Renton Pediatric Associates is contractually obligated to collect them. We do not verify insurance benefits, which is why we highly recommend that you contact your insurance company and familiarize yourself with your policy's benefits.

UNDERSTANDING OUR CHARGES

Patients will be charged for each service that is performed during the course of an office visit. Included in the base charge for an office visit are a discussion about the nature of the illness, and examinations of the patient, medical decision making, development of a treatment plan, and discussion with the patient about the plan. Other activities (procedures) are billed in addition to the charge for the examination. These charges might include- but are not limited to – sutures, wart removal, vision and hearing tests, removing wax or foreign bodies from the ears or nose, lab tests, administrations of immunizations, and other additional services. It is Renton Pediatric Associates policy that medical staff members do not quote fees for services or supplies, but you may ask the provider or MA to contact the billing office to learn the exact cost of the procedure, test or lab service before it is provided.

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CO-PAYMENTS

Co-payments are due at the time you check in for your appointment. This is also expected if an authorized party brings the child in. There will be a \$25 fee added to your account if the co-payment is not made at check-in.

BILLING STATEMENTS

Our office is contracted with many insurance carriers. If we are contracted with your insurance company, you will receive a billing statement from us after the insurance has processed your claim. Your charges will be listed along with any payments received from your insurance company.

REBILLING FEE

All balances are due and payable within thirty days of the initial statement date. After thirty days, a \$7.50 rebilling fee may be added to your account every thirty days until your balance is paid. If you are unable to pay the entire amount due, please contact our billing department at (425) 271-5437 and follow the prompts to billing.

No Show Policy:

If you fail to cancel an appointment without 24 hours notice, a fee of \$40 for an office visit and a fee of \$50 for a Well Child Check up will be applied to your account. After 3 no-shows, your family will be discharged from the practice.

RETURNED CHECKS

A returned check fee of \$35 will be charged to your account for each returned check.

PAYMENT OPTIONS

Renton Pediatric Associates accepts cash, money orders, VISA, Mastercard and Discover. Credit card payments can be made in person, by mail or over the phone by calling (425) 271-5437 and following the prompts to billing.

COLLECTIONS

Every attempt will be made to collect your account. In the event that your unpaid account is sent to an outside collection agency, Renton Pediatric Associates may permanently discontinue providing medical care for any current or future family members.

Signature

Date

Printed Name

Patient Name

Patient Date of Birth