

OFFICE FINANCIAL POLICY

We are committed to providing you with the best care possible. The goal is best achieved if everyone is aware of the financial policy, which is an agreement between the doctors of the practice and the child's parent or guardian. Your clear understanding of the financial agreement is important to our professional relationship.

Health insurance is a contract between you, your employer, and your insurance company. It is important for you to be an informed consumer who understands the specifications of your insurance policy (vaccine and doctor visit coverage, referral/authorization requirements for specialty care, radiographs, laboratory tests, emergency hospital care)

Payment for services are due at the time they are rendered, except as outlined below. Insurance plans vary considerably, and we cannot predict or guarantee what part of our services will or will not be covered. As always, if you are unsure of your coverage, please contact our billing office prior to your appointment and we will try our best to help you understand your coverage.

For patients with *private* or *no insurance*, full payment is required at the time of service from the accompanying parent or guardian. We understand sometimes there are special circumstances that prevent that from happening, and we encourage you to contact our billing department promptly for payment arrangements and assistance in the management of your account.

IF WE ARE CONTRACTED WITH YOUR INSURANCE COMPANY

1. All services performed at the hospital will be submitted as a courtesy to your insurance.
2. For physician services in office, your copayment, and/or a portion of your deductible is due at time of service
3. **NURSE ONLY/ IMMUNIZATION APPOINTMENTS:** For this particular service, we will bill your insurance to see how they process your claim, then bill you for any portion turned over to you by your insurance.

****We are required by insurance contracts to collect any amounts turned over to you by insurance for our nurse only appointments. Please keep in mind that some insurance plans may not pay all of the charges if your child is only seen by a nurse for immunizations. Please verify this prior to scheduling this type of appointment.***

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IF WE ARE NOT CONTRACTED WITH YOUR INSURANCE COMPANY

Full payment is due at time of service. We will be happy to submit a claim to your insurance on your behalf, or we can provide you with a detailed receipt to submit charges to your insurance on your own. Not all services provided by an out of network provider will be covered, please verify this prior to scheduling with us as an out of network provider.

THE FINANCIAL AGREEMENT

We must emphasize that as pediatric providers, our relationship is with you, not your insurance company. While the filing of a claim is a courtesy we extend to our patients, all charges are strictly your responsibility from the date services are rendered. Therefore, it is necessary for you to know what benefits your insurance plan provides for you.

I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY SET FORTH BY MOUNTAIN VIEW PEDIATRICS. I UNDERSTAND AND AGREE THAT THE TERMS OF THIS FINANCIAL POLICY MAY BE AMENDED BY THE PRACTICE AT ANY TIME WITHOUT PRIOR NOTIFICATION TO THE GUARANTOR.

Signature of Parent or Guardian: _____

Witness: _____

Date: _____

Siblings: _____

Phone: _____

Email: _____