



## NORTH SCOTTSDALE PEDIATRIC ASSOCIATES

### FINANCIAL POLICY 2017

Thank you for choosing North Scottsdale Pediatrics (NSPA) for the care of your child. This Financial Policy is an important part of your child's care. Due to increased insurance company demands, we ask you to read and agree to the following NSPA provisions:

**Private Pay Patients:** If you have no insurance coverage, full payment is expected at the time of service. If you pay in full, we are pleased to offer you a 20% discount on the visit only.

**Insurance:** As a courtesy, NSPEDS will file your claim to your insurance company; however, at the time of service you will be responsible for all fees that are not covered by your insurance, including co-pays, co-insurance, deductibles and non-covered services or items received. The co-pay cannot be waived by our practice, as it is a requirement placed on you by your insurance carrier. We strive to be as accurate as possible in calculating your responsibility but, with so many variations in policies and fee schedules, we are not always exact. You may receive a statement from our office for any balance due. For your convenience, we accept cash, checks, credit cards (Visa, MasterCard, American Express and Discover), and money orders. Payments are also accepted through our patient portal. We advise you to contact your insurance company in advance to verify coverage for specific benefits such as well checks, immunizations, behavioral visits, and lab services. If you have any **"Out of Network Benefits"** with a plan we are not contracted with, we will bill your insurance company as a courtesy. Any Patient responsibility will be billed to the guarantor on file.

**Payment Options:** By signing the Credit Card Authorization Form, you understand that as soon as your EOB (Explanation of Benefits) is received by our office from your insurance plan, your credit card will be charged for the balance due on your account, per your insurance contract. In the event you opt not to sign the Credit Card Authorization Form and your balance is not paid within 14 days, you will incur a \$25.00 service fee for each statement that we generate that shows a balance on your account.

**Statements:** Statements are generated to your portal account. If you do not have a portal account, your statement will be mailed to the address that we have on file for you. For your convenience and for ease of processing, we would prefer that you utilize our credit card processing service, where online payments can be made through our new and expanded portal, or our website.

**Outside Collections:** If your balance has not been paid to NSPA within 120 days, your account will be turned over to **HCI Collections**, our outside collection agency, (telephone number 602-943-3101). Thereafter, within 60 days of receipt by HCI, if your balance has not been paid, dismissal from NSPA will occur.

**Laboratory Fees:** You will receive a separate laboratory fee for their services. Any lab services that are not covered by your insurance will be your responsibility.

**Address and insurance changes:** Please let us know if your address, phone numbers, insurance, etc., change, so that your information is always current and accurate in your child's records. This can also be updated through our Patient Portal.

**Authorization for medical treatment of a minor:** Patients under the age of 18 (minors) must be accompanied by a parent/legal guardian unless prior arrangements have been made. In the event that the accompanying adult is not the parent/guardian, we will require a "Consent To Treat Form" be filled out. The person bringing in the child for medical treatment will be held responsible for payment at the time services are performed.

**Divorce/Custody:** We cannot and will not become involved with parental billing disputes in divorce and/or custody cases. Our policy is to hold the parent who brings in the child for medical treatment responsible for payment at time of service. NSPEDS **does** require documentation from the court for all legal matters that relate to your child's care; i.e., custody, medical decisions, medical record access, etc.

**Cancellations/No Shows:** If you cancel your appointment with less than a 24-hour notice or do not show for the appointment, a \$50 fee will be charged to your account.

**I have read and understand NSPA's Financial Policy and agree by its terms. I understand that I am financially responsible for all charges incurred in the event my insurance denies payment after a claim has been submitted by North Scottsdale Pediatric Associates, P.C. I understand that my insurance is an arrangement between myself and my insurance company, and that it is my responsibility to understand my benefits.**

Patient Name & Date of Birth: \_\_\_\_\_

Responsible Party Name (Please Print): \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_