



WESTSIDE PEDIATRIC CLINIC, PC FINANCIAL POLICY

At Westside Pediatric Clinic (WPC), we are committed to providing high-quality, patient-centered care. Clear communication about financial expectations helps us serve your family efficiently and fairly. Please review this policy carefully.

Insurance Information

By providing your current insurance card, you authorize WPC to bill your insurance company for services provided.

- We require a copy of your current insurance card at each visit if your coverage changes.
- We submit claims to your primary and secondary insurance carriers as a courtesy.
- After your insurance processes the claim, you are responsible for any remaining balance, including deductibles, co-insurance, or non-covered services.
- Payment of any balance is due upon receipt of your statement.

Oregon Medicaid / OHP Patients: WPC will bill OHP/Medicaid for covered services. You are responsible for any non-covered charges or co-pays according to your plan.

Co-Payments

- Co-payments are determined by your insurance plan and are due at the time of service.
- WPC is contractually required to collect co-pays.

Non-Covered Services / Patient Responsibility

You are financially responsible for services not covered by your insurance. Examples may include, but are not limited to:

- Wart treatments
- Circumcision
- Missed appointment (no-show) fees
- Developmental or behavioral screening forms

Please ask our staff if you have questions about coverage prior to services.

Missed Appointments (No-Show Policy)

- If you cannot attend your appointment, please provide at least two (2) hours' notice.
- Appointments not canceled with sufficient notice will be considered a no-show and a \$35 fee may be applied.
- After three (3) no-shows, you may be dismissed from the practice.

Uninsured Patients / Financial Assistance

- Uninsured patients may receive a 20% discount on office visit charges when payment is made in full at the time of service.
- If you are experiencing financial hardship, WPC may offer payment plans or sliding scale assistance. Contact our billing department to discuss options.

Unpaid Accounts

- Accounts not paid after multiple billing attempts may be referred to a collection agency.
- Patients with accounts sent to collections may be dismissed from the practice.
- Contact us promptly to discuss payment arrangements if you are experiencing difficulty.

Returned Checks

A \$25 fee will be applied to any check returned by your bank.

Divorce / Third-Party Responsibility

- WPC does not participate in payment disputes between parents or third parties.
- The parent or guardian bringing the child to the appointment is responsible for payment at the time of service.
- Court orders regarding financial responsibility must be handled between the parties involved.

Access, Non-Discrimination, and PCPCH Commitment

WPC is committed to equitable access to care for all families, in alignment with Oregon PCPCH standards:

- We provide care without discrimination based on race, color, religion, sex, national origin, sexual orientation, gender identity, age, or disability.
- We are committed to clear communication, cultural sensitivity, and accommodations as required by law.
- If you need language assistance, accessibility support, or financial hardship consideration, please notify our staff.

Acknowledgment

I have read and understand the Westside Pediatric Clinic Financial Policy and agree to the terms above.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Child(ren) Name(s): _____

Date(s) of Birth: _____