



## WESTSIDE PEDIATRIC CLINIC- Financial Policy

**Insurance Card and Information** – By presenting your insurance card, you are authorizing us to bill your insurance company. WE ARE UNABLE TO BILL INSURANCE WITHOUT A COPY OF THE CURRENT CARD. As a courtesy to our patients, we submit claims to all primary and secondary insurance companies. Once your insurance company has processed your claim, we will bill you for the remaining balance. Payment is due upon receipt of your statement

**No Show Appointments** - We understand that life can be busy. If you do not cancel your appointment with at least **two-hour notice**, it will be considered a no show and you will be charged a fee of \$25.00. After three (3) no show appointments you may be discharged from the practice.

**Waiver-** All patients, and their guarantors, are responsible for 100% of any & all charges your insurance does not cover. This may include, but is not limited to; wart treatments, circumcision, no show fees, ASQ forms, depression screening, etc....

**Co-pays-** Any co-pay amount you may be responsible for is determined by your employer and your insurance company. We are contractually obligated to collect that co-pay. If you do not pay your co-pay at the time of service, you will be charged a billing fee of \$10.00.

**Uninsured-** If you are uninsured, or if we are unable to verify insurance coverage, we require a \$150.00 deposit at the time of service and will be applied to your charges. If your charges exceed the deposit, we will bill you for the remaining balance. Westside Pediatric Clinic offers all uninsured a 20% discount on office visits for payment in full at the time of service.

**Unpaid Accounts-** We assign all unpaid accounts to an outside agency. If we must send your account to collections for an unpaid balance, you will be discharged from the practice and asked to find another pediatrician.

**Returned Checks-** There is a flat fee of \$25.00 for the first time a check is returned to us unpaid from your bank for any reason.

**Divorce/Third Party Situations-** We understand the difficulties involved in divorce and court orders. However, Westside Pediatric Clinic, P.C. does not participate in the disputes between divorced parents. We will look to the custodial parent for reimbursement of any amounts owed to our clinic. If you have a court order, you may forward the statement to the appropriate party. However, the custodial parent is ultimately responsible for any balance owed.

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Parent Name

Signature

Date

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Child/Children Name(s)

D.O.B.(s)





Dear Parents,

It is the policy of Westside Pediatric Clinic, P.C. to protect patients' financial and medical identities. Westside Pediatric Clinic P.C. and its employees will actively work to detect, prevent, and mitigate both financial and medical identity theft in compliance with all applicable laws such as HIPAA, Oregon Consumer Protection Act, and the Federal Red Flag Rules.

Starting May 1<sup>st</sup>, 2009, you will notice several changes, such as needing to present a driver's license when picking up prescriptions or verifying personal information prior to discussing an account or your child's medical needs.

We wanted to thank you ahead of time for understanding that these changes are being made to ensure the protection of both you financial and medical identities. Please feel free to contact us with any questions you may have.

Sincerely,

Westside Pediatric Clinic, P.C.

