



WESTSIDE PEDIATRIC CLINIC FINANCIAL POLICY

Insurance Card and Information

By presenting your insurance card, you are authorizing WPC 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 any remaining balance. Payment is due upon receipt of our statement.

No Show Appointments

We understand that life can be busy. If you do not cancel your appointment with at least **two hours' notice**, it will be considered a no show, and you will be charged a fee of \$35.00. After three (3) no show appointments you may be discharged from the practice.

Waiver

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

Co-pays

Co-pay amounts are determined by your insurance plan. 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

Westside Pediatric Clinic offers 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 fee of \$25.00 if 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, PC 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.

Parent Name	Signature	Date
-------------	-----------	------

Child/Children Name(s)	D.O.B.(s)
------------------------	-----------