

## **FINANCIAL POLICY**

We are doing everything possible to hold down the cost of medical care. You can help a great deal by eliminating the need for us to bill you. The following is a summary of our payment policy.

### **ALL PAYMENT IS EXPECTED AT THE TIME OF SERVICE**

Payment is required at the time services are rendered unless other arrangements have been made in advance. This includes applicable coinsurance and copayments for participating insurance companies. The Sunshine Child and Adolescent Care accepts cash, personal check (in-state only) and credit card payments. **There is a \$50 service charge for returned checks.**

**Patients with an outstanding balance of 60 days overdue must make arrangements for payment prior to scheduling appointments.** We realize that people have financial difficulty. Therefore, we may advise that due to your financial situation you seek your child's immunization through a clinic or health bureau.

### **INSURANCE:**

We bill participating insurance companies as a courtesy to you. You are expected to pay your deductible and copayments at the time of service. If we have not received payment from your insurance company within 45 days of the date of service, you will be expected to pay the balance in full. You are responsible for all charges.

We do not bill secondary insurance companies unless we are contracted with them.

All current insurance information must be present at your first visit, if we do not have this information you will have to make a personal payment. Once we receive your insurance information we will send out a claim, when they make payment we will give you a refund. Please keep us current on your health insurance. Please submit Coordination of Benefits when requested by your insurance so claims are NOT delayed and processed within a timely manner.

If you need assistance or have questions, please contact our Office between 8:00 a.m. and 12 p.m., Monday through Friday at (520) 423-8282.

### **REFUNDS:**

Please speak to the manager in regards to overpayments.

**MANAGED CARE:**

If you are enrolled in a managed care insurance plan (i.e., HMO), you must receive a referral from our office *before* seeing a specialist. NO retroactive referrals will be given.

**MISSED APPOINTMENTS/LATE CANCELLATIONS:**

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. **Cancellations are requested 24 hours prior to the appointment. We reserve the right to charge \$25 for missed or late (more than 15 minutes)-canceled appointments. Excessive abuse of scheduled appointments may result in discharge from the practice.**

I have read and understand the Sunshine Child and Adolescent Care Financial Policy.

I hereby authorize my insurance benefits to be paid directly to Sunshine Child and Adolescent Care and authorize them to release information as required. I understand that I am responsible to pay all my co-payments and non-covered services at the time of visit as per the FINANCIAL POLICY.

Please note if an account is over 120 days past due and there has not been a reasonable attempt to pay, a collection agency will be retained to collect payment for all monies due with an additional (35%) fee added to cover the cost of the collection agency and administrative costs and (50%) if legal costs are necessary.

I have received a copy of the office's financial policy and will abide' by the terms and conditions

Signature of insured or authorized representative: \_\_\_\_\_

Date: \_\_\_\_\_