

Pediatrics @ the Basin Financial Policy

We know that choosing a physician is a very important decision and we thank you for choosing our office. We also recognize that insurance plans and payments have become increasingly more complex for our patients and their families. We have developed some services to help with those complexities. Please carefully read this overview of Pediatrics @ the Basin's financial policies.

Payment is due at the time of the visit. This includes all co-pays, deductible and coinsurance amounts. Co-pay amounts are listed on your insurance card. All deductible payments must be paid in full at the time of the visit unless you are enrolled in our Health-e-Pay™ Program.

Patient or Guarantor's Responsibility:

You will be responsible for any payment for any services requested and/or approved by you, if not covered by your insurance carrier. While we will file claims to your insurer on your behalf, any amounts not covered by your insurance remain your obligation. In addition, you will be responsible for any services rendered to your child(ren) requiring interpretation by an outside provider and billed by them directly to you. (i.e. labs, etc.).

You must be informed of and understand the details of your health insurance coverage and fulfill any associated requirements (e.g., pre-certification, obtaining referrals, providing information regarding pre-existing conditions, etc.). Obtaining these is the responsibility of the patient prior to the visit or the patient will be responsible for the total amount due. It is also your responsibility to provide our office with all required information regarding your health insurance coverage. You must promptly respond to our requests for insurance information and notify us if there are any changes to your insurance information within 10 business days of any such changes. You may notify us by phone or in person.

Payment Options we can provide:

We provide the following payment options regarding care provided for yourself or your child.

As a service, we will keep a copy of your insurance card on file and will submit an insurance claim on your behalf to your insurance company with the information you have provided us. Payment options at the time of service include cash, check and credit card or a signed Health-e-Pay™ Program Agreement on file for payment.

We recognize just how difficult it can be to understand all the details of your insurance plan. Therefore we are willing to accept a Health-e-Pay™ Program Agreement that allows us to charge an approved credit card for the patient balance as determined by the insurance company once we have submitted a claim and received the explanation of benefits.

We CANNOT provide Financial Services:

It is the responsibility of the patient and/or parents/guardians to know what is covered and not covered by their insurance carrier. If you are unsure, you must either pay in full for the visit or sign up for our Health-e-Pay™ Program.

Loans - we cannot loan money to patients to cover the cost of their services until such time that they collect monies from their insurance companies and we cannot wait to collect fees for our services until funds are received from your insurance company.

Balances that remain outstanding for a period of 90 days or more may be referred to a collection agency or attorneys' office. If an account is sent to collection, all collection fees and attorney fees will be added to the balance due. Additionally, patients may be dismissed from the practice as per legally accepted protocols.

Agreement:

By signing below, I/we have selected Pediatrics @ the Basin as my/our child's pediatric primary care provider and attest that I accept the responsibility for full payment of all services rendered. I/we also agree that we will:

- Provide accurate insurance information for the patient and update Pediatrics @ the Basin with any changes in insurance.
- Make full payment or co-payment at the time of service including all deductibles OR enroll in our Health-e-Pay™ Program.
- Keep the account current through timely payments and communications required.
- Grant the right to collect all reasonable costs, billing fees, attorney's fees, collection agency fees and disbursements associated with any legal action taken to recover a debt for services rendered.

I/we understand that:

- All accounts not current are subject to Pediatrics @ the Basin collection program and could result in a loss of privileges/relationship with Pediatrics @ the Basin.
- In the event the bank returns a check to us, a service charge of \$40 (maximum) in addition to any bank fee will be added to the account.

Financial hardship should never stand in the way of medical care. Determination of financial hardship can only be made by our practice on a case by case basis and in compliance with the rules applicable to our practice. Since open communication can benefit both parties, any financial hardship should be confidentially discussed with Pediatrics @ the Basin earlier rather than later. This will simplify a difficult situation. Upon obtaining necessary information from you, we can make a good faith determination as to whether your circumstances constitute a financial

hardship. Please feel free to speak with the your physician or our office manager if you have any questions about our policy.

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS SET FORTH ABOVE AND AGREE TO THE TERMS AND CONDITIONS THEREIN. I FURTHER UNDERSTAND THAT FAILURE TO COMPLY WITH THIS AND ANY OTHER POLICIES OF Pediatrics @ the Basin MAY RESULT IN TERMINATION OF PROFESSIONAL SERVICES. (A DUPLICATE COPY OF THS FINANCIAL POLICY IS AVAILABLE FOR MY REFERENCE, UPON REQUEST).