



Office Procedure and Financial Policy

Thank you for choosing us as your child's pediatric office. The goal of the doctors and staff of Glendale Pediatrics is to provide the best possible medical care for your child and to develop and maintain a relationship with both you and your child that will grow and strengthen through the years ahead. Along with our medical relationship, we will be establishing a financial relationship. In order to successfully maintain this relationship, we want you to have a clear understanding of our financial policy. We ask that you read, understand and sign this policy statement **prior to any treatment**.

Insurance Verification

In order for us to bill your insurance for your child's appointment, you must submit **proof of current insurance coverage** at the time of each visit. **Without current proof of active coverage, payment for the services will be required at the time the service is rendered.** It is **your responsibility to verify with your insurance carrier prior to your child's appointment that our physicians are participating providers with your specific plan.** As a parent, you are responsible for thoroughly **understanding your child's insurance benefits**. This includes what items your insurance will or will not cover and **any special facilities that need to be utilized for labs and x-ray services** that the doctor might order for your child. This is important as **Glendale Pediatrics cannot be responsible for services provided at non-contracted facilities.** As a courtesy to our insurance patients, we will bill both primary and secondary medical insurance. If insurance information is submitted after the date of service, we will be glad to bill your insurance for you and issue you the appropriate refund after your insurance company has processed the claim.

Payment for Services Policy

Several years ago, Glendale Pediatrics instituted a **mandatory** financial requirement for all of our patients. Please read our attached **Payment for Services Policy**, complete, sign the new annual **Credit Card Authorization** form and return to our front office staff before leaving the office today.

Cancellation Policy

A specific time is reserved for your child when you schedule an appointment. If you cannot keep your child's scheduled appointment, **please give us at least 24 hours notice** so that we may reschedule their appointment and offer the reserved time to another patient. It is our policy to charge \$75 for appointments that have been scheduled in advance and are cancelled/missed with less than 24 hours' notice. Please be aware that this applies to same day appointments as well.

Additional Health Issues Addressed During Preventative Care Appointments.

Preventative Care is an important part of your child's good health. We recommend and follow the schedule established by the American Academy of Pediatrics. If during a well visit your child is sick or has an issue that is not related to the normal growth and development of your child, and he/she needs treatment and/or medical attention or guidance for your concerns, **your provider may bill the insurance company for both services.** While Preventative Care is covered 100% by most insurance companies, additional issues addressed during a preventative care visit, must be billed separately at which time your insurance benefits might require a co-pay, co-insurance and/or your deductible may apply.

Saturday Appointments

We do offer Saturday morning appointments for urgent visits. While we are happy to offer this service, please be aware that there is an additional **\$46.00** fee for weekend appointments.

Unscheduled Appointments

We discourage walk-in appointments. Appointments requested in the office without prior arrangement will be made according to our discretion with consideration given to other patients' scheduled appointments. Any unscheduled patient who requires evaluation by our Triage staff, will be charged a triage fee of **\$50.00**. This fee is not covered by insurance and is due at the time of service.

Telephone Consultations

There may be a consultation charge for complex or lengthy telephone calls with the doctor to discuss your child's health problems. We will be glad to bill your insurance company, however, if these charges are not covered under your health plan, you will be responsible for the payment.

Guardian Requirements

Children under 18 years of age **must be accompanied** by a legal guardian to all visits at our office. If someone other than a legal guardian will be bringing your child to an appointment, we must have a **Designee Authorization Form signed** by a legal guardian in your child's medical chart authorizing this individual to act on behalf of the child's guardian in order to treat your child. Whoever brings the child into the office is responsible for co-payments and for having a current insurance card at the time of service. **If your child arrives without a legal guardian and we have no signed form on file, it will be necessary to re-schedule your child's appointment.**

Completion of Forms and Request for Medical Records

If you have letters or forms for our doctors to complete, (camp, school, etc.), please be aware that there is an administration fee per form for turnaround in 5 – 7 business days. If forms are needed sooner, there will be an additional charge. There is also a fee for duplication of medical records per patient if records are to be picked up. An additional fee will be charged if the chart is exceptionally large or if you request that the records be mailed. Please be advised that we do not fax or email medical records.

Divorced or Separated Parents

The parent bringing the child into the office will be required to make any co-pay required for the visit that day. Glendale Pediatrics has a formal Divorce Policy which will apply to all of our divorced or separated parents. Please ask our front staff to provide you with a copy if you require additional information.

Maintaining a Respectful Environment

The doctors and staff strive to treat our patients and their parents with courtesy and respect. It is also important that we insure that our staff and our billing service is treated with respect from our patients as well. We feel very strongly that our staff should be able to work in an environment free from verbal and physical abuse. **Angry outbursts against our office or billing staff will not be tolerated and may result in your discharge from the practice.**



PAYMENT FOR SERVICES POLICY

Financial requirement for all of our patients.

Working with multiple insurance companies has become increasingly challenging for medical practices. More and more delayed payments from carriers and patients have placed a severe operational burden on private pediatric practices. There is an increasing trend for private practices to terminate their affiliation with insurance carriers and become concierge private practices.

In order to continue our current contracts with insurance carriers, it has become necessary for us to establish limits on the length of time we can carry outstanding balances for our patients. Therefore, **prior credit card payment authorization** for missed co pays, triaged walk-in fees and unpaid balances beyond 60 days from date of service is now required of all patients.

Insurance patients are required by your health plan to pay your co-payment at the time of service. **Any co-pay or triaged walk-in fee not paid at the time of service will be billed to your credit card on file on the same date of your child's service. We will also bill to the credit card on file all unpaid balances remaining on your account 60 days from the date of service.**

A \$35.00 fee will be accessed if your credit card payment is declined for any reason. Please make sure that the card information you give us is accurate and that your credit card on file remains valid at all times. If your credit card on file declines a second time within a calendar year, your delinquent account balance will be forwarded to a collection agency along with a \$150.00 processing fee and it will be necessary for us to discharge your child or children from our practice.

Cash patients will need to pay in full at the time of service. For your convenience we accept cash, checks, MasterCard and Visa. There is a **\$35.00** charge for all returned checks.

We do realize that temporary financial problems may affect timely payment of your account. If such problems do arise, please contact our billing service **immediately after receiving your first statement** for assistance in the management of your account. Payment plans are available for hardship cases with prior credit approval. Our billing service can be reached Monday through Thursday at (626) 332-0556.

Please complete and sign the attached **Credit Card Authorization** form and return it to the Receptionist today.

Thank you.

**OFFICE PROCEDURE and FINANCIAL POLICIES
ACKNOWLEDGEMENT PAGE**

*I have read and understand the Glendale Pediatrics Office Procedure & Financial Policy
and Payment for Services Policy of Glendale Pediatrics.*

Parent or Guardian Signature

Date

Child's Name

____/____/____
Date of Birth

Child's Name

____/____/____
Date of Birth

Child's Name

____/____/____
Date of Birth

Child's Name

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Date of Birth

Child's Name

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