



PEDIATRICS WEST, PC FINANCIAL POLICY

Today's Date: _____

With the rising costs of healthcare, we are working to keep our costs down and avoid increasing our fees. We are updating our Financial Policy as of January 2022.

Co-Payments

Commercial plans with established co-pays are due at the time of service.

Deductible Plans

Payment of \$75.00 will be collected at time of service **for sick visits**. We will submit your claim to your insurance company and bill you for the remaining deductible amount once the claim has processed.

Self-Pay Patients

Patients without insurance will be provided a self-pay discount due at time of service.

Parent/Guardian Responsibility

It is your responsibility to verify that Pediatrics West accepts your insurance. Please bring your insurance card to all of your child's visits and be prepared to pay any previous outstanding balance on your account. In the event that your health plan determines that a service is "not covered due to medical necessity," you will be responsible for the charge.

There are also times when it is necessary for us to send lab work to an outside laboratory. While we do our best to let you know about this ahead of time, we are not responsible for any costs related to those tests, nor do we have any knowledge what those costs might be.

If this policy presents an undue hardship to your family now or at any time in the future, please feel free to discuss your situation with our billing staff (720-284-3717). We understand that everyone has troubles now and then, and we're willing to help if we can.

Thank you for your cooperation.

Responsible Party Name

Signature

Child's name

Date of Birth

(for office use only) Patient (seen today) MRN: _____