PEDIATRICS WEST, P.C.
FINANCIAL POLICY

Today's Date: ______________

Please provide ALL insurance information for plans your children are covered on, including secondary insurance coverage. We are required to bill all insurance plans. Insurance companies have a set amount of days to file a claim for services provided before they deny payment, at which time the balance will become your responsibility.

For the first 30 days for newborns, please provide both mom and dad's coverage information as Colorado Law provides that we bill all insurance plans. You have 30 days to add newborns to the insurance plan.

Co-Payments
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. Regardless of whether insurance pays a submitted claim, you as Guarantor, and all parents of the minor child, are ultimately responsible for the charges for services provided.

In the event charges are not paid timely, you acknowledge that your account may be referred to a collection agency. You agree to pay all associated collection charges including interest, court costs, and attorney's fees. You expressly consent to all methods of communication by us (or our agents) to include SMS text messages, phone calls, including automated technology such as an auto-dialing device, pre-recorded messages and artificial voice messages. This consent applies to all services and billing associated with your account and is not a condition of receiving services.

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

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