

BALLARD PEDIATRIC CLINIC
BILLING and FINANCIAL POLICY

Charges for medical care at Ballard Pediatric Clinic are based on the complexity of the medical problem, time spent, and our costs. If you have insurance coverage that we are contracted to accept, we will bill them for you as a courtesy. It is your responsibility to know what services are covered and what benefits you have. If your child is covered by two plans, we need this information before your first visit.

In order to reduce the costs associated with repeated billing we ask the following:

- *If there is a change in your insurance coverage, please notify the clinic as soon as possible.*
- *Please be prepared to show your insurance card at each visit.*
- *If you currently do not have insurance or insurance coverage cannot be verified, payment will be requested at the time of service.*
- *We require our office forms be updated **annually** to ensure that we have the correct information for you. Incomplete or incorrect information can result in non-payment from your insurance.*
- *It is the policy of Ballard Pediatric Clinic to collect certain information for billing purposes. Some of this information is personal and will be kept confidential.*
- *If your insurance is one that we do not bill directly, please ask for a copy of the charge slip after each visit so that you can apply for reimbursement as soon as possible.*
- *If your insurance plan has an office visit co-pay you need to be prepared to pay at each visit. Co-payments not paid at the time of service will be subject to a \$15.00 billing fee.*

WELL CHILD EXAM = PREVENTATIVE CARE:

*If your child is scheduled for a Well Child Exam, your insurance may call this a Preventative Care Exam. Sometimes insurance companies have a limit on the number of Well Child Exams that they will cover in a calendar year. We encourage you to contact your insurance and find out what your benefits are. During a Well Child Exam if you have a concern about a **separate** problem, you may incur separate charges for that visit. We are required to follow specific coding laws to communicate to your insurance what was performed during your visit. Your insurance may or may not cover those additional charges and those charges may become your responsibility.*

AFTER HOURS NURSE PHONE CALLS:

*Our phones are covered 24 hours per day. However, calls made **after** hours (between 5:00pm-8:30am) are covered by the Seattle Children's Hospital pediatric nurse triage team. Our clinic is charged \$18.00 per call for their service. To offset this expense we charge \$10.00 to our patients. We do not bill your insurance company for this charge. You are responsible for this charge.*

Final responsibility for deductibles, co-payments, and services not covered by your insurance rests with you. All balances must be paid upon receipt of the billing statement. Account balances older than 60 days will be assessed a late fee of \$5.00 per month until account has been paid in full. If we do not receive full payment on your account within 3 months of the first date of service, your account will be turned over to our collection agency. Your account will be assessed a \$50.00 release fee for turning it over to collection. Your signature indicates that you agree with and understand these policies.

We understand the unpredictable nature of illness and injury. Please contact us at 206-783-7042 if a major, unexpected medical expense should occur. We are happy to negotiate a payment plan with you.

If you feel an error has been made on your account. All requests for adjustments must be made in writing, as telephone calls will not preserve your rights under the Federal Truth in Lending Regulations. For your convenience, we accept Visa, MasterCard, Checks and cash.

Parent/Guardian Name (please print)

Patient Name

Signature of parent/guardian

Date