



Financial Policy

Welcome to Northwest Pediatrics. Thank you for choosing us as your Pediatrician. We welcome the opportunity to care for your child. We strive for excellence in delivering the most advanced services available, while also providing reliable confidential and compassionate patient care. Therefore, if you have any questions or concerns about our financial policies, please do not hesitate to contact our office.

Please present your current insurance ID card at your visit and, if any changes occur with your coverage, we ask that you contact us immediately. In the event that we do not participate with your insurance plan, you will be responsible for the entire bill.

As a service to you, our office makes effort to obtain payment according to your coverage. Regardless of the type of insurance you have, you are ultimately responsible for paying your medical bills. At all times, it is your responsibility to follow up on all requests from your insurance company regarding claims. Patients with a balance of \$10 or less will not receive statements. Patients with a credit of \$10 or less will not be issued a refund check; instead the balance/credit will remain on the patient's account and will be applied to future visits.

All co-payments and deductible amounts are due and should be paid at the time of service. If you are unable to pay your co-payment, you will need to reschedule your appointment. This policy is in accordance with legal requirements for collecting patient responsibility amounts. Unresolved balances may be placed with an outside collection agency and may also be subject to finance charges, and collection agency fees. All fees will be owed in addition to the remaining balance. In the case of unpaid balance, you may be dismissed from our practice. As of May 1, 2013, NWPEDS no longer accepts new patients with Medicaid.

Additional services such as ear wax removal, wart removal, foreign body removal, etc. may or may not be covered by your insurance and therefore will be the financial responsibility of the patient. If there is an acute illness that is discussed and managed during your child's well visit, then two services may be billed, an age appropriate well exam and a problem focused exam. A co-pay/co-insurance may be due as a result.

If you do not have insurance and are considered self-pay, you are expected to pay in full at the time of service.

A \$25.00 fee will be charged for all checks that are returned to us by your financial institution and will be payable immediately.

Our practice accepts Visa, MasterCard, Discover, American Express and debit cards. We also accept personal checks and cash.

Authorization: I agree to abide by the terms of the above financial policy and accept responsibility for any balance not covered by my insurance company(s). If my account becomes delinquent, I agree to pay all costs incurred in collection of the account, including necessary collection fees.

Signature: _____ Date: _____

Printed Name: _____ Relationship to Patient: _____