

Surprise Pediatrics

Financial and Office Policies - Effective September 2013

Dear Parents/Guardians,

Welcome to Surprise Pediatrics! We look forward to establishing a long and wonderful relationship. Please take the time to review the following policies that we have set in place to better serve you. It is important that you keep this copy of our policies so that you can refer to it as necessary. Your initials on the Patient Information form acknowledge you have read and understand the Financial and Office Policies of our office and therefore agree to abide by all of the terms stated below.

APPOINTMENTS

We require that a parent or legal guardian accompany a minor patient unless prior written authorization is given to this office. Whoever brings the child to their appointment **must present a photo ID that includes their current address**. The adult accompanying the minor is also required to pay in accordance with our policies. We do not accept third party assignment nor do we recognize or enforce the terms of divorce decrees. **We require that you notify the scheduler when you make an appointment of any changes to the following: insurance(s), address, telephone number, and emergency contact.** By doing so, this will eliminate unnecessary delays in your child's care.

Walk-in and sibling add-on appointments place the physician's and staff in a difficult and uncomfortable position. We want to take care of your child's illness; however, it is unfair to our patients who have scheduled an appointment to ask them to wait while someone without a prescheduled appointment is seen. If you feel that your child cannot wait to be seen, ask to speak to the Triage Assistant and your child will be seen. However, scheduled appointments will have priority over walk-ins.

If you are unable to arrive for your appointment on time, please call to inform the staff. They will review the schedule to determine if the appointment will need to be rescheduled or work you in behind the scheduled appointments. **Failure to call in advance of arriving late will result in your appointment being rescheduled once you arrive.** Please be aware that failure to cancel your child's appointment may hinder another patient's ability to be seen by our providers. Therefore, we request a courtesy call at least 24 hours prior to the patient's scheduled appointment. **A fee of \$25.00 will be charged for all "no-show" appointments.** Repeated "no-show" appointments may be subject to discharge from the practice. If you have an AHCCCS plan, we are required to inform them of all no-shows and subsequent discharge from the practice.

PAYMENTS/FEES

Payment is expected when you check-in for each visit, whether it is your deductible, co-payment, co-insurance, or full payment. If you are waiting for coverage to become effective or have no insurance, full payment will be expected at the time of the visit. For your convenience, we accept cash, check, Visa, and MasterCard.

- There is a **\$25.00 fee** for all returned checks. NSF checks must be redeemed with certified funds (Cashier's check, money order, certified check, or cash). Future personal checks will not be accepted.
- A **\$10.00 surcharge fee** may be applied to your account for co-pays not paid at the time of service.
- A **\$10.00 fee** will be assessed for forms such as physicals, FMLA, etc. Fees will be higher for more complex forms.
- A **\$5.00 fee** for new Immunization Booklets to be created.
- A **\$10.00 minimum fee** for copies of medical records.
- A **\$25.00 fee** will be charged for all "no-show" appointments.

Any accounts with outstanding balances greater than 90-days from the date of service will be subject to collection. We realize there may be times when you experience a financial hardship. Please communicate this with our billing staff so that they can assist you. If your account is sent to collections, **a surcharge fee of 40% of the overdue balance will be applied to your account to offset the cost of the collection agency.** You would also become responsible for any attorneys fees and other costs associated with sending your account to collections. **Furthermore, if your account is sent to a collection agency, you will automatically be discharged from the practice.** At that point, we would see you for **up to 30 days, for emergencies only**, to allow you time to find another physician.

INSURANCE BENEFITS

Our practice handles all claims and billing questions. You can reach our billing staff at (623) 876-9983, option 2. Due to all the various insurance plans in the marketplace, it has become impossible to become familiar with each plan. Therefore, it is your responsibility to know all of your insurance plan benefits to avoid any confusion or non-payment of services. (For example: well/sick visit coverage, immunizations, testing, contracted labs, radiology, etc.) **Not all of the providers are contracted with all Insurance Plans.** Some Insurance Plans may consider our Providers as Out -Of-Network, which could apply Deductible/ out -of -pocket costs to you. Your cooperation will allow us to better serve you and give provide the healthcare you deserve, **In order to ensure you receive all eligible coverage, it is crucial that you inform us of all insurance companies you are covered by.** Failure to do so will result in you being responsible for any balance due after services were rendered.