



### CHANDLER PEDIATRICS FINANCIAL POLICY

Thank you for choosing Chandler Pediatrics. We are committed to providing our patients with the highest quality medical care. This financial policy is an important part of your child's care. Due to increased insurance company demands, we ask you to read and agree to the following:

We make every attempt to accept a wide range of insurance plans. For the patients convenience we file medical claims with insurance plans with which we have an agreement, as long as the valid insurance information is provided to us. However, all policies have different benefits, and we cannot know the specific details of each individual policy. **You as the guarantor are responsible to know the individual policy and to verify all benefits and coverage information prior to having any services rendered.** Also, the Guarantor is responsible for notifying us of any changes to the patient's insurance plan or policy prior to his or her visit.

**Co-pays and Deductibles:** Insurance policies are an agreement between the policy holder and the insurance company. Contracting with health insurance companies requires us to collect co-pays and deductibles. You as the Guarantor must pay this amount prior to seeing any of our healthcare providers

**Additional Fees:** If the patient does not have medical insurance or if Chandler Pediatrics is not a contracting provider with his or her insurance carrier, all charges incurred during treatment will be due and payable at time of service. A \$25.00 charge will be applied to all checks returned.

If a patient is unable to keep a scheduled appointment, we must be notified 48 hours in advance. Appointments cancelled after the time frame may be subject to a cancellation fee. Any medical records request sent to someone other than a physician will be subject to a fee.

**Timely payment:** If for any reason the patient incurs an account balance, we will mail a statement. Payment is due from the Guarantor upon receipt of the first statement from our office. If the balance is not paid in full, Chandler Pediatrics reserves the right to send the patients account to collections and an additional 33% collection fee will be added. Please be aware that any delinquent account balance may prohibit the patient from scheduling future appointments.

**Divorce Policy:** The guarantor is financially responsible regardless of who carries the insurance for the child.

**Financial Hardship:** We will work collaboratively with patients who are under financial hardship to develop fair and reasonable payment plans. Financial hardship is determined by policy and is a formal process that must be a joint effort between our financial counselor and you as the Guarantor. We will ask the Guarantor to provide documentation and a full explanation of extenuating circumstances regarding their hardship. Extenuating and/or special circumstances will not include those that have over extended themselves financially. A Guarantor who has the ability to pay and has not been formally determined to be in a financial hardship is expected to pay at the time of service and maintain no outstanding balance.

I have read and understand the Chandler Pediatrics Financial Policy. I authorize Chandler Pediatrics to obtain and/or release medical information necessary for filing insurance claims on my behalf and for the purposes of healthcare management. I assign all benefits to which the patient or insured is entitled for my treatment and medical services provided to me to be paid directly to Chandler Pediatrics. Should insurance payment be made directly to the insured, I agree to immediately pay these funds to Chandler Pediatrics.

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Patient Name (Please print)

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Signature

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Date