

Primary Pediatric Medical Group, Inc.

Oakland Office

Castro Valley Office

Alameda Office

FINANCIAL AND BILLING POLICIES

To our families:

We welcome you to our office and strive to provide you with the highest quality medical care. In an effort to foster a collaborative relationship, we ask that you accept some responsibilities as well. Please read the following policies and acknowledge your understanding by signing below:

All co-payments, deductibles, outstanding balances and other fees are due at the time of your visit.

- We accept cash, checks, Visa and Mastercard.
- There may be a \$10 billing charge for co-pays not paid at the time of your visit.
- Please understand your insurance policy, and be sure that we are in their provider network. Many plans do not cover preventative care, or have a limit on coverage. Some services may not be covered, such as circumcisions and phone consultations. In such cases, you will be responsible for payment.
- Failure to make regular payments on your account balance may result in transfer to a collection agency.
- We will not schedule further well child appointments (routine exams) for your child if you stop making regular payments or your account is turned over to a collection agency.

Insurance must be current and verifiable at the time of each visit.

- Please show your child's insurance card **each** time you come to our office.
- If you change your insurance and fail to provide us with current information, you will be responsible for payment at the time of your appointment.

Notify us at least 8 business hours in advance if you need to cancel or change your appointment time.

- If we know 8 business hours ahead, then someone else can use the appointment time.
- Failure to notify us will result in a \$35.00 charge.
- We will not schedule further well child appointments for your child if you have repeated missed appointments or repeated last minute cancellations. This may also result in terminating our relationship with you.

There are fees to complete some forms, prescription refills, chart copies, phone advice, phone consultations or returned checks.

- Please present all forms to the medical assistant when you are brought into an exam room.
- Some lengthy forms, or duplicate forms may incur a charge of \$25.00.
- One California State immunization card will be provided free per child, with a \$15.00 fee for each additional card.
- Prescription refills for controlled substances may incur a charge of \$25.00 or more.
- We will provide a single free chart summary upon transfer to another physician. Duplicate requests will incur a minimum of a \$32.00 fee.
- Nurse advice calls after regular business hours which are all routed to an outside service incur a \$15 charge.
- Some phone calls with the doctor will result in a charge appropriate to the level of service. Many insurers do not pay for phone management and you would be responsible for payment.
- \$30.00 will be charged to your account for any returned checks.

Plan ahead for your prescription refills.

- Please call your pharmacy (or us if that is appropriate) *at least* 3 business days before your child runs out of medication. The pharmacy will contact us if needed.
- If your provider is not in the office when the pharmacy contacts us, the request may need to wait until he or she returns, so please plan accordingly.
- A prescription for a controlled substance often requires an office visit to get a refill. Please plan *well in advance* of your child's medication running out, so we can schedule an office visit in plenty of time.

I have read and understand the policies as listed above.

Patient name

4/19/12

Patient/Parent/Guardian signature

Date