

Catalina Pediatrics Financial & Appointment Policy

Thank you for choosing us as your primary care provider. Please read these policies and ask any questions. Your signature below acknowledges you have read, understand and agree to these guidelines.

- 1. Cancellations and No-Shows:** We understand that life happens and sometimes you cannot make it to a scheduled appointment. When that happens, we request a minimum 24-hour notice of such cancellation. When you do not give advanced notice and/or any notice at all, it is considered a No-Show/Missed Appointment. Occasionally, that can happen. Frequent or consecutive missed appointments may result in the inability to schedule appointments in advance, you may be charged a \$50 no-show fee, as well as potentially be discharged from the practice. Thank you for understanding that when you call in advance to cancel, it allows us to offer the appointment to another sick child so they can avoid going to Urgent Care or the Emergency Room. Thank you!
- 2. Insurance:** We participate with most insurance plans and will file insurance claims on your behalf. At times the insurance companies will request information from you directly. We ask that you respond to any requests promptly to facilitate smooth claim submission. If you have any insurance changes, please notify us BEFORE your next visit so we can make the appropriate changes. We will also ask that you verify your insurance when scheduling each visit as well as bring your insurance card with you to each appointment. If your insurance is found to be inactive or invalid prior to your visit, you will be expected to pay for services on the day of your visit.
- 3. Co-Pays, Co-Insurance, Self-Pay and Non-Covered Services:** You are required to pay your co-payment at check-in on the day of your service. Please be aware that some of the services and screenings you receive may not be covered by your insurance company or may be your responsibility to pay as it applies to your deductibles/co-insurance. Often, we do not know in advance what will be covered by your individual insurance plan. You are expected to pay for any of these expenses when checking out, as well as any balance that may be due on your account for previous services.
- 4. Insurance Coverage for Well Visits vs. Problem Oriented Visits:** Well Visits may uncover or revisit problem-oriented issues that require evaluation or management (ear infections, acne, depression, ADHD, etc.). In compliance with insurance company billing policies, this then prompts charges for both categories. While well care services may not require a co-pay or deductible, problem-oriented services often prompt a co-pay, deductible or co-insurance charge, and you may be billed for additional charges following your visit.
- 5. Non-Payment.** Times are hard, we understand. If you are having difficulty paying a balance, please talk to us about setting up a payment plan you can afford. If your account is over 60 days past due, we will contact you by phone. If your account is 90 days past due and no payment has been made, you will receive a letter requesting payment. If your account still remains unpaid, we must refer your account to a collection agency and you may be discharged from our practice. Should this happen, you will be responsible for any collection and court fees that are attached to your delinquent account, and you will be notified by regular and certified mail that you have 14 days to find alternative medical care. During that 14-day period, our physicians will provide emergency care only.

NOTE: Divorce has no bearing on the responsibility for medical care as it pertains to health insurance. Whoever brings the child to an appointment is expected to pay the charges due for services rendered at that visit. Catalina Pediatrics does not become involved in payment disputes between parents.

Patient Name & DOB (Print clearly)

Parent Name

Parent Signature

Date