

Financial Policy Information

Fees and Payments:

Payment is due at the time services are provided. Co-pays will be collected at the time you check in for an appointment (excluding well child visits). There is a \$10.00 charge if the co-pay is not paid the day of the appointment. We accept cash, check, Visa, and MasterCard. Proof of current insurance coverage is required at check-in for every visit. Those without insurance coverage and paying at the time of service, will be offered a 15% cash discount if paid in full. All balances not paid after 60 days will be expected to make a payment prior to scheduling future appointments. Balances over 120 days due may be sent to a collection agency unless other arrangements for payment are made with our billing department. A fee of \$50 will be charged for all checks returned unpaid by your bank.

Our billing department is available Monday-Friday 8:00am-5:00pm to assist you with any questions or payment arrangements. Please call (360) 456-1600 ext 102 or ext 129.

Insurance and Insurance Forms:

If you intend to pay your bill through your medical insurance we will be happy to submit all claims on your behalf. Billing your insurance does not guarantee payment by the insurance company nor does it release the patient/parent from their financial obligation to our office for any unpaid balance. To ensure timely and accurate billing, it is essential that you provide all the necessary information about the insurance, both primary and secondary, that covers your child's health care. Since changes of insurance coverage are more frequent, it is our policy to obtain a copy of your cards for all applicable insurances **at each visit**. To communicate with the insurance company and be paid on your behalf, a Release of Information and Assignment of Benefits needs to be **signed by the parent/guardian** at each visit. If we have not received payment from your insurance within 45 days or your claims have been denied or pended due to lack of requested information from the insured, you will be expected to pay the balance in full. We will refund any overpaid amounts upon receipt of your insurance company payment.

Missed Appointments, Late Arrivals, or Last Minute Cancellations:

Broken appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for your child. If you are unable to keep an appointment, we require 24 hour notice of cancellation so we may utilize this time for another child. More than 3 missed appointments, last minute cancellations, and/or late arrivals in a 12 month period are considered excessive and may result in discharge from our practice. If you arrive more than 15 minutes late for appointments, you may be asked to reschedule your appointment. We reserve the right to charge \$25 each missed appointment.

Minors Right to Consent to Health Care without a Parent or Guardian Consent:

Under Washington State law, minors have the right to consent to certain health care without a parent or guardian's consent. For further information, please see the Forms, Treatment of minors section on our website. Our front desk can also provide a detailed handout that provides more information.