



Pediatric Urgent Care, LLC Financial Policy

Welcome to Pediatric Urgent Care, LLC. We are committed to providing the best care possible and appreciate your trust. As part of our professional relationship, it is important that you have an understanding of our financial policy.

ALL PATIENTS MUST READ AND SIGN THIS FORM PRIOR TO RECEIVING SERVICES

Pediatric Urgent Care, LLC is a **subsidiary** of Integrative Pediatrics, LLC. **All claims will be billed as Integrative Pediatrics, LLC.** This was designed to reduce your out-of-pocket costs. Integrative Pediatrics, LLC will gladly submit claims to your insurance carrier. If your insurance company requires a referral, **it is your responsibility to secure authorization for treatment from your primary care physician to ensure payment to Integrative Pediatrics, LLC.** We also offer Secondary and Tertiary billing. In the event of a motor vehicle accident we will submit your claim(s) to the motor vehicle carrier. **It is your responsibility to provide us with your most current insurance information. If you fail to provide accurate insurance information in a timely manner, your insurance company may deny the claim. If the claim is denied, you will be financially responsible for services rendered.**

We must emphasize that, as medical providers, our relationship is with you, the patient, and not your insurance company. Your insurance is a contract between you and your insurance carrier. It is your responsibility to know and understand the level of services covered by your insurance carrier. Please be aware that some or perhaps all of the services provided may not be covered in full by your insurance carrier. **You are financially responsible for services not covered by your insurance carrier.**

Copayments are due at the time of service. If unable to pay at the time of service there will be a \$10.00 fee added to your account for non-payment.

You must provide your most current mailing address, all available telephone numbers and any other important contact information. If your address or contact information changes, it is your responsibility to contact us with the updated information.

We will send a statement to the mailing address you provide notifying you of any balance you may owe. If you have any questions it is your responsibility to contact our business office upon receipt of the initial statement. Please call **503-643-2100**. **Payment in full is due upon receipt of the statement.** Patient balances not paid in full within 30 days of the statement issue date are deemed past due. **Past due accounts may be subject to a \$10.00 monthly late fee and may be referred to a professional collection agency for further collection activity.** If your account is placed with a collection agency; you will be assessed a \$100.00 collection fee. This will be added to your final balance placed with the collection agency. You will be responsible to pay all collection costs incurred, including attorney's fees and court costs, if applicable.

If you are not able to pay the balance due in full, you must contact our billing office. If you fail to make payments as agreed upon, your account may be referred to a professional collection agency.

If you present a check to Pediatric Urgent Care, LLC (Integrative Pediatrics, LLC) that is not honored by your bank, a \$20.00 Non-Sufficient Funds charge will be added your account per occurrence.

In the event of a divorce situation; we do understand your difficulties and we hope you understand a divorce decree is a document that involves you, your ex-spouse and the courts. Although a divorce decree may state that an ex-spouse is responsible for medical bills, Pediatric Urgent Care, LLC (Integrative Pediatrics, LLC) has no authority to enforce compliance. Therefore, we will bill the custodial parent.

Your signature on this policy authorizes Pediatric Urgent Care, LLC (Integrative Pediatrics, LLC) to release health information to insurance carriers when necessary for payment, and directs them to remit payment directly to Integrative Pediatrics, LLC (assignment of benefits).

Signature

Printed Name

Date