Financial Policy

Yavapai Pediatrics will submit claims to your insurance as a courtesy. It is your responsibility to pay co-pays, deductibles, co-insurances, and any other balances not paid by your insurance. Insurance companies require that we submit all claims within a specific time limit. We do our best to follow all guidelines set forth by your insurance company. However, if your insurance changes and you don't inform us, we may be unable to bill the appropriate company within these time limits. It is critical that you keep our information up to date and let us know if you have more than one insurance carrier. Failing to do so may result in any balance becoming your responsibility.

Payment is expected as services are rendered unless prior financial arrangements have been made. We accept cash, checks, Visa, and Mastercard (a charge of $25.00 will be made for personal checks drawn on insufficient funds).

Please be prepared to pay your co-pay, coinsurance and/or deductible at the time of service; or if you do not have insurance, to pay for your visit in full.
For patients with HMO plans, co-payment is required at the time of service. The amount of co-payment varies with different plans. You are responsible for knowing the co-payment amount and primary care physician listed on each child's card.

For patients with PPO plans, payment is required at the time of service until the new year's deductible has been met. After that, we require co-payments or your liability to be paid at the time of service.

The adult accompanying a minor to a visit and/or legal parents/guardians are responsible for full payment (regardless of insurance coverage) and will be set up as the person who receives the bill (guarantor) and must provide complete demographic information including both parents dates of birth and social security numbers, current address and telephone numbers.

Yavapai Pediatrics will not be involved in negotiating between parents/guardians in legal disputes. In order to change a guarantor, the person who will receive the bills must complete and sign a Updated Demographic Form. You are responsible for all balances not paid by your insurance carrier. Please pay your bill in full when you receive your statement or make payment arrangements with our Patient Account Services department. When checks are returned to us because of non-sufficient funds, a $25.00 charge be added to your account and your account will be placed on a "cash-only basis." We will accept payments only by cash or credit card until the balance is cleared. Physicals, well-visits exams, attention-deficit/hyperactivity disorder checks, and the like may be rescheduled if there are outstanding balances or if a co-payment is not made at time of service.
If you are experiencing financial difficulty, please discuss your situation directly with us. Satisfactory arrangements can almost always be made. Financial considerations should never prevent a child from receiving the care they need at the

Clarisa I. Smith, MD
Christen M. Glennan, CPNP
Hayley L. Fernandez de Cordova, PA-C
3001 Main St. Suite 1C | Prescott Valley, AZ 86314
o. 928.458.5470 | f. 928.458.5979
Cultivating Healthy Lives! **YavapaiPediatrics.com**

time they need it. However, if you ignore or fail to respond to your financial obligation, we reserve the right to discharge you from our practice. If payment is not received or arrangements made, we will assume you no longer want to have your children seen at Yavapai Pediatrics. Your account may be sent to collections and all legal fees and collection expenses will be added to your balance.

UNPAID BALANCES

Outstanding balances are due within 30 days, unless prior arrangements have been made with the billing department. Balances not paid in full within 10 days of the date of the final (third) request letter will be forwarded to a collection agency. The patient/responsible party will then be responsible for the amount due plus all costs of the collection, including but not limited to all collection expenses charged by the collection agency, Court costs, Attorney's fees. Any discounts previously applied to the account may be reversed. If your account is forwarded to a collection agency, we will continue to see your child on emergency basis only for 30 days following a receipt of a discharge letter, giving you time to find a new source of medical care.

I have read and understand this financial policy and I agree to its terms. I also understand and agree that such terms may be amended from time to time by the practice.

_____ _____

Patient's Name Printed Name of Patient or legal representative

_____ _____ _____

Signature of Patient or legal representative Relationship to Patient Date

Clarisa I. Smith, MD
Christen M. Glennan, CPNP
Hayley L. Fernandez de Cordova, PA-C
3001 Main St. Suite 1C | Prescott Valley, AZ 86314
o. 928.458.5470 | f. 928.458.5979
Cultivating Healthy Lives! **YavapaiPediatrics.com**