

Children's Medical Center of Tucson Financial Policy

We are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

Payment for services is due at the time services are rendered unless payment arrangements have been approved in advance with our BILLING DEPARTMENT.

Please Note: A \$5.00 statement processing fee will be added to your account if your co-payment is not paid at the time of service.

We accept CASH, CHECKS, MASTERCARD, VISA AND AMERICAN EXPRESS as forms of payment. We will be happy to help you process your insurance claim form for your reimbursement; any such request must be accompanied by a completed insurance form at each visit. In special circumstances we may accept assignment of insurance benefits.

Returned checks and balances older than 30 days may be subject to additional collection fees. The fee for a returned check is \$25.00. Returned checks that are not paid in full within 20 days will be reported to the Pima County Attorney's office through the BAD CHECK PROGRAM. A fee of \$25.00 will be charged to your account if it is sent to our collection agency. If your account is placed with our collection agency you will be dismissed as a patient from our practice and our relationship with will end with a 30day notice at that time.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize, however, that:

1. Your insurance is a contract between YOU, your employer, and the insurance Company. WE are not a party to that contract.
2. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

We must emphasize that as medical care providers, our relationship is with YOU, not your insurance company. While the filing of most insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise we encourage you to contact our billing office promptly for assistance in the management of your account.

If you have any questions about the above information or any uncertainty regarding your insurance coverage, PLEASE do not hesitate to ask us. We are here to help you.

I have read and understand the above information:

Parent/ Guardian Initials: _____ Date: _____