

SIMI PEDIATRIC PARTNERS

PAYMENT AGREEMENT AND FEES

BILLING AND INSURANCE:

To help with billing we ask that patients bring their insurance cards to every visit. It is patient/Parent responsibility to notify the office of any changes with insurance including but not limited to change of IPA, assigned PCP, new policy, new insurance card, or new insurance company.

There are many insurance companies that each have varying policies and plans. Therefore Simi Pediatric Partners cannot foretell how an insurance company will process claims. If you have questions or concerns as to how a claim was processed, we ask that you contact your insurance company directly. After contacting your insurance provider, if there are changes or corrections that need to be made to a claim, or if a claim needs to be resubmitted, we ask that you call our billing department (STAT Billing: (805) 413-7707).

All patient balances are due in full upon receipt of statement. It is also the patient (parent, legal guardian) responsibility to pay any collection fees that may occur. Payments can be made in the office, mailed in, online at *simipediaticpartners.com*, or can be made over the phone with the office or billing department. If you have questions concerning a statement you received, we again ask that you contact STAT Billing at (805) 413-7707.

APPOINTMENT POLICIES AND FEES:

The copay indicated by your insurance policy is due at time of service.

A Failure To Keep (FTK) fee will be charged in the amount of \$25 for any illness appointment and \$50 for any other physician appointment including but not limited to physicals, medication checks, endocrine checks, and evaluations that are missed or cancelled after the time of set appointment.

Please be advised the office always tries to provide our patients with a courtesy confirmation call. It is the patient's responsibility to notify the office if an appointment needs to be cancelled or rescheduled, regardless of receipt of a confirmation phone call.

Medical Records Fees:

There may be a copy charge for medical records. (fees range from \$10.00 - \$50.00).

I understand and accept the above policies and fees.

Signature: _____ Date: _____

Print Name: _____ Relation to patient: _____