



### **Coast Pediatrics Del Mar and Carmel Valley Financial Policy**

- **Co-Payments:** Co-pays are due at the time of your appointment. Our office accepts checks and credit cards (mastercard and visa).
- **Insurance Cards:** Please bring a current insurance card to every visit so that we may verify insurance information. Any outdated insurance or contact information may delay or nullify insurance reimbursement.
- **Insurance:** We will bill your insurance provider (“Plan”) for all services rendered in our office. We can not verify coverage for specific services at the time of the visit, and you are ultimately responsible for all charges. We can provide a list of common pediatric services that we provide so that you may verify coverage for these with your Plan in advance.
- **Non-covered Service:** You are responsible for any services that are not covered by your Plan. These may include, but are not limited to, vision screening, hearing screening, and laboratory testing. Please check with your Plan prior to your visit regarding your Plan coverage.
- **Out-Of-Network:** If we are not in network with your Plan, we do not have pre-arranged rates for our services. We will still bill your Plan, however you will be responsible for any difference between our rates and what your Plan pays for out-of-network services. We encourage you to check the out-of-network benefits with your Plan.
- **Annual Administrative Fee:** This administrative fee (“Annual Administrative Fee”) is for non-medical services that are not covered or provided for by your Plan. The Annual Administrative Fee is not eligible for reimbursement by your Plan, and you must not submit the Annual Administrative Fee to your Plan for payment. This Fee is voluntary, and payable on an annual basis every September 1st. The Annual Administrative Fee will be charged on a pro-rated basis for the initial period of subscription prior to

September 1 of that year, and is non-refundable for any reason, including insurance change and family relocation.

- **Missed Appointments:** Missed appointments result in lost revenue for the office and missed opportunities for other children to be evaluated when needed. A charge will be applied for appointments that are not cancelled or rescheduled at least 24 hours prior.
- **Referrals/Labs/Radiology:** Any service from a specialist, laboratory, radiology department, emergency department, hospital, or any other facility other than Coast Pediatrics Del Mar or Carmel Valley is a transaction between you and them. It is your responsibility to know your insurance coverage prior to these appointments. You are financially responsible for any services provided.
- **Late Payments:** Payment for all charges is due within 30 days of notice from our Billing department. There will be a 5% late payment charge on the balance due for each month that payment is late.

By signing below, you agree that you understand and will abide by the above described financial policy. Thank you.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Revised 10/01/15