



FINANCIAL POLICY

ABC Children's Clinic believes providing and maintaining a positive and communicative physician-patient relationship with our families is important. We want to make sure you understand all ABC Children's Clinic financial policies relating to your responsibility as well as the responsibility of your insurance company. We will be happy to provide further clarification if needed. After your review, please sign the Financial Policy. If you have any questions, please do not hesitate to ask a member of our staff.

DEMOGRAPHICS

All demographic information will be updated annually. It is the patient's or legal guardian's responsibility to inform us of address and telephone number changes. We will need these in written form, therefore, please arrive 15 minutes early for your appointment when needing to update any information.

IDENTITY THEFT PROTECTION

A copy of all parents' drivers' licenses and insurance cards must be kept on file for your protection in compliance with HIPAA and Red-Flag.

NEWBORNS

Newborns are usually covered by the mother's insurance and medical group for the first 30 days of life. The baby must be added to the insurance policy as soon as possible within the first 30 days of life for coverage to continue for your child. If this is not done, your insurance may not cover your child and you will be responsible to ABC Children's Clinic and other health care providers for the cost of all care provided, including the hospital stay. Insurance carriers limit the amount of time we can retroactively bill. You must provide us with a current insurance card at your 2 month visit.

UNINSURED

If you have no insurance or if you have insurance with which we are not contracted, payment in full is due at the time of each visit. Payments for services that are not covered by your insurance carrier are due in full at the time of each visit. We have found that some insurance plans do not cover Well Care and circumcisions. Please contact your carrier regarding coverage for these services.

HMO – CALOPTIMA POLICY

If you have an HMO or Cal Optima policy, please make sure that Dr. Marjan Monfared is selected as your primary care provider (PCP) and you are assigned to one of the following IPA's (health group). If your insurance company has not been informed that we are the PCP as of the date of your visit, you will be responsible for the full cost of the visit.

COMMERCIALHMO
Prospect
Regal
Arta Western

CAL OPTIMA - MEDICAL
CHOC Health Alliance
Cal Optima Direct

COPAY

Co-payments specified by your insurance are due at each visit by the accompanying adult.

INSURANCE

On arrival, please present you current insurance card at every visit. After billing your insurance company, the remaining balance is your responsibility. You will receive a statement if your insurance carrier has responded and a payment is due from you. Insurance carriers limit the amount of time we can retroactively bill. You must provide us with a current insurance card within 30 days of the visit.

Should your insurance company deny payment for services performed, it is the insured's responsibility to pursue the issue. Billed services not covered by insurance are the insured's responsibility, including vaccine charge.

FINANCIAL AGREEMENT

I, the undersigned, assign all medical or surgical benefits from the insurance carriers directly to ABC Children's Clinic and/or their associates for services rendered to me (or my dependents). I understand that I am financially responsible for all charges whether or not they are paid by my insurance. I understand that if my insurance has been paid within 90 days of claims submittal, I will become financially responsible for the charges. I hereby authorize this office to release information required by the insurance carriers to secure the payment of benefits. I have read and understand that office financial policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.

Patient Name

Date Of Birth

Responsible Party Name

Relationship To Patient

Responsible Party

Signature Date