

CRAIG RANCH PEDIATRICS

Craig Ranch Pediatrics-Payment policies

- Co-payments are due at the time of service. Payments can be made in the form of cash, credit cards or personal checks. If we bill you later, there will be a service charge.
- If you do not have any insurance or have a deductible, payment in full is expected at the time of service.
- Patient must present insurance card at the time of visit. If there is no proof of eligibility, payment in full is expected at the time of service.
- If office is not notified of insurance changes within 30 days of service, payment in full is expected.
- For claims denied by insurance due to non covered services, patient or responsible party is expected to pay the denied amount, even if the insurance company states that it is not necessary to do so.
- There will be a \$ 25 charge for returned checks.
- All cancellations of appointments should be made at least 24 hrs in advance.
- Due to contract language between the physician and insurance company, I understand that I am financially responsible for all charges deemed to be “non-covered benefits” by my insurance company even if the insurance’s Explanation of Benefits state the procedure is a “non-covered benefit” and “patient is not responsible”.

I have read and agreed to the above financial policies. I assign insurance benefits to be paid directly to Craig Ranch Pediatrics. I authorize release of all medical information to the insurance company for purposes of filing insurance claims.

Name of Parent/Guarantor _____

Signature of Parent/Guarantor _____

Date _____