



HARBOR PEDIATRICS
4700 Pt Fosdick Dr NW, Suite 319
Gig Harbor, WA 98335

FINANCIAL STATEMENT

We are committed to providing you with the best possible care and are willing to discuss our professional fees at any time. Your clear understanding of our Financial Policy is important to our relationship. Please let us know if you have any questions regarding our fees, your financial responsibility or our policy.

If you have medical insurance: **Please bring your current insurance card to all visits.**

We participate in most insurance plans but you are responsible for making sure that your insurance is correct, active at the time of service and that the correct primary care provider has been assigned. Knowledge of your benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage and contracted providers.

Deductibles, Co-Payments and Coinsurance:

Copays are due at the time service is rendered. Please be prepared to pay for this at the time of check in. Coinsurance and Deductibles are dependent upon individual contracts and vary widely. Payment of the estimated portion is due at the time of service along with any prior balances on the account.

*** Please be aware that you may not have a co-pay for routine well visits however, it is up to the provider's discretion to charge a separate fee for problems that may have been addressed during that visit and a copay and/or deductible would then apply.

Coverage Changes:

Medical insurance coverage is a contract between you and your insurance company. Please let us know if your insurance has changed when making an appointment and be prepared to show your new insurance card at check in. If you do not have this information available you will be responsible for the account until the necessary information is given to us. If we do not receive the required information within 90 days, for billing purposes, we will be unable to bill your insurance and you will be responsible for the outstanding claim.

Payment methods and other information:

- We accept cash, check, VISA and MC
- Accounts can be set up on payment plans with credit card on file.
- Accounts that are past due may be sent to Olympic Collection, Inc.
- All late cancellations and no show visits will be charged a fee which is not billed to your insurance.

Nonpayment:

If your account is past due with no attempt for payment as described above you will receive a letter giving you 10 days to pay your account in full. Partial payments will only be accepted if agreed upon by the billing department. If no response the account will be sent to Olympic Collection, Inc.

A SPECIAL NOTE: In situations of divorce, separation, court orders, etc., the guarantor on the account will be responsible for payment (including no show and late cancellations).

I acknowledge that I have read and agree to the above financial policy.

Signature: _____ Childs Name: _____

Date: _____ Date Of Birth: _____