



1410 N. Mullan Road Suite 200
Spokane Valley, WA 99206
509-838-1188 Phone
509-838-1427 Fax

PATIENT FINANCIAL POLICY

Bear Creek Pediatrics is committed to providing you with information related to our billing processes, as well as your financial responsibilities as our patient. This policy helps us provide you with exceptional medical care in the most cost-effective manner.

Things to bring with you to each visit:

- Current insurance card(s)

Insurance Companies – Participation and Billing

1. We participate with most third-party insurance plans available in our area; however, it is your responsibility to verify that your providers are currently participating with your plan **PRIOR** to your scheduled appointment. You are responsible to designate your provider as the Primary Care Provider (PCP) with your insurance plan. Failure to do so may result in your responsibility for any incurred charges.
2. You will be asked to verify your insurance policy at every visit and may be asked to provide your current insurance card. This is to ensure that the information we have on file is correct and that your plan is current.

Time of Service Payments

1. Co-payments, coinsurance, and deductibles are part of the contractual agreement between you and your insurance company. Your insurance company requires us to collect your co-pay in full at the time of service.
2. Patients without medical insurance are responsible for any, and all charges that result from medical services provided by our office. Payment is due when services are rendered unless other payment arrangements have been approved.

Collections

Bear Creek Pediatrics reserves the right to consider delinquent patient accounts for external collection efforts in accordance with State and Federal regulations.

Annual Wellness/Physical Visits

1. Most insurances encourage one wellness visit per year, after the age of 2. Wellness visits include measuring vitals; growth and development; physical exam; screening for age associated risks; and discussion of wellness and preventive care.
2. We follow American Academy of Pediatrics (AAP) guidelines for all associated screenings. Some screenings may not be covered by your insurance policy, and you will be billed for those items (typically \$5-\$15).
3. Other services that may incur charges during a physical exam include treatments (warts, etc.), referrals (speech therapy, dermatology, etc.), and new prescriptions or orders. If your insurance does not cover these treatments, you will be billed for these.

We require a 48-hour notice to cancel appointments to avoid a \$35 cancellation fee.

If you are unable to give us 48-hour notice, we reserve the right to charge \$35 for missed appointments.

_____ (initial)

I have read this Patient Financial Policy and I understand that I am financially responsible to Bear Creek Pediatrics for charges not covered by my benefit plan.

PATIENT NAME (printed)

Parent/Guardian Signature

Date



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POLICIES AND PROCEDURES

The providers and staff at Bear Creek Pediatrics thank you for choosing our practice. We strive to provide excellent medical care and to make patient visits as convenient as possible. Please review and acknowledge our office policies by initialing and signing below:

(Initials) **Preventative Care Policy:** In accordance with the American Academy of Pediatrics, we advise all patients to be seen regularly for preventative care. These visits should occur annually and will include: a complete physical exam, immunizations, a review of current medications taken, and any counseling/guidance needed.

(Initials) **Vaccination Policy:** We believe vaccination is one of the best ways parents can protect their children from potentially harmful diseases and we encourage all patients to follow the vaccine guidelines as outlined by the Centers for Disease Control and Prevention. Vaccine-preventable diseases can be very serious, may require hospitalization, and can even be deadly. Families whose children are missing vaccinations or who choose not to vaccinate are encouraged to discuss their vaccine plan/views with one of our Providers.

(Initials) **Financial Policy:** All applicable co-payments and deductibles are due at the time of service. Any balance not covered by your insurance benefits is to be paid directly to Bear Creek Pediatrics for services rendered. Please see our comprehensive financial policy for more information.

(Initials) **Health Insurance Portability and Accountability Act (HIPAA):** The privacy of your health information is important to us. We will only use and disclose your protected health information to conduct and plan treatment; including multiple healthcare providers who may be involved in treatment directly or indirectly, to obtain payment for services provided to you through your insurance company, to conduct normal healthcare operations such as quality assessments, etc.

(Initials) **Consent to Release Medical Information:** If requested, and your child is current on their annual exam, we will send immunization records, sports forms, or other medical forms as requested. In accordance with Washington State Law, requesting all or part of your child's medical record may incur a fee. Some information, such as a complete medical chart, can only be authorized by completing a Medical Release form.

(Initials) **Cancellation Policy:** Bear Creek Pediatrics requires 48-hour notice to cancel an appointment. Missed appointments or appointments cancelled less than 48-hours in advance may be subject to a \$35 No Show/Late Cancellation Fee. After 3 missed appointments (No Call/No Show or late cancellation) you may be subject to dismissal.

(Initials) **Zero Tolerance Policy:** Bear Creek Pediatrics has zero tolerance for abuse of our Staff or other patients and may result in dismissal. This includes verbal, aggressive, or violent behavior.

I have reviewed and I understand Bear Creek Pediatrics Policies and Procedures as outlined above.

PATIENT NAME (printed)

Parent/Guardian Signature

Date