



FINANCIAL POLICY

We are committed to providing you with the best possible care. This goal is best achieved if everyone is aware of the financial policy, which is an agreement between Robert P. Sanders, MD/Sunrise Advanced Pediatrics, PLLC and the child's parent or guardian. Your clear understanding of the financial policy agreement is important to our professional relationship.

Payment is required at the time of service. We accept cash, check, or credit card (Visa or MasterCard).

If you have medical insurance, we wish to help you receive your maximum allowable benefits. To achieve this, we need your understanding of and assistance with our financial and payment policy. Insurance plans vary considerably, and we cannot predict or guarantee what part of our services will or will not be covered. **It is the responsibility of the patient/guarantor to provide accurate and timely insurance information.** Inaccurate or untimely information given to the staff that results in denial or non-coverage by your insurance company results in the guarantor being responsible for payment.

For patients with no insurance, full payment is required at the time of service.

For patients with HMO plans, co-payment is required at the time of service. The amount of co-payment varies with different plans. In addition, HMO plans typically pay only for services provided by the patient's primary care physician (PCP). It is your responsibility to confirm that Dr. Sanders is your child's PCP of record before any services are provided. If Dr. Sanders is not listed as the PCP at the time of service, you will be responsible for any charges not covered by your insurance company. You are responsible for knowing the co-payment amount and primary care physician listed on each child's card.

For patients with PPO plans, payment is required until the new year's deductible has been met. After that, we require co-payments or your liability to be paid at the time of service.

While the filing of insurance claims is a courtesy that we extend to our patients, all charges not covered by your insurance company are your responsibility.

For patients with Medicaid, the card is required at the time of service. No well-child care will be given without the card.

Bills unpaid for more than 90 days will be turned over to a collection agency unless other arrangements have been made. Accounts that are turned over to collections may result in dismissal from the practice.

If special circumstances make immediate payment impossible, payment arrangements must be approved in advance by our business office staff.

Missed appointments: Unless canceled at least 24 hours in advance, there may be a charge for missed appointments. Please help us serve you better by keeping scheduled appointments. Multiple missed appointments may result in dismissal from the practice.

I have read the above Financial Policy, I have understood it, and I agree to it. A copy of this financial policy will be provided upon request.

Signature of Parent or Responsible Person:

Date: _____

Siblings: _____