

CHILDREN'S MEDICAL GROUP OF ORANGE COUNTY OFFICE AND BILLING POLICES

1- EACH PARENT, MOTHER, FATHER, & GUARDIAN IS RESPONSIBLE FOR HIS/HER CHILD'S BILL UNLESS OTHER WISE NOTED BY A LETTER FROM COURT.

2- **FOR NEWBORNS ONLY:** IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO CONTACT THEIR INSURANCE AND ADD THEIR NEWBORN TO THE INSURANCE POLICY **BEFORE** THE CHILD IS 30 DAYS OLD OR THE PARENT/GUARDIAN IS RESPONSIBLE FOR ALL DATES OF SERVICE IN FULL. (Please note that a child is **NOT** covered under their mother's insurance for the first 30 days, unless the parent/guardian calls to add them to the insurance.)

3- AS A COURTESY, CHILDREN'S MEDICAL GROUP WILL SUBMIT BILLS TO YOUR **PRIMARY INSURANCE ONLY.** (Please ask for assistance in billing your secondary insurance. Please note the older parent/insured must be the child's primary insurance.)

4- **FOR HMO PATIENTS ONLY:** IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO ASSIGN & VERIFY AT EACH VISIT THAT THEIR CHILD IS ASSIGNED TO ONE OF OUR DOCTORS & ONE OF OUR CONTRACTED MEDICAL GROUPS (i.e. St. Joseph's Hospital Affiliate, Prospect, Gateway, Genesis, Regal, or Monarch) OR THE PARENT/GUARDIAN IS RESPONSIBLE FOR THE DATES OF SERVICE IN FULL.

5- IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO BE FAMILIAR WITH THEIR CHILD'S INSURANCE POLICY AND TO PERSUE PAYMENT TOWARDS ANY & ALL COPAYMENTS, CO-INSURANCE, & DEDUCTIBLES THAT MAY APPLY.

6- ALL CO-PAYMENTS ARE DUE AT THE TIME SERVICES ARE RENDERED. THERE IS A **\$20.00 SURCHARGE** FOR ALL MISSED CO-PAYS.

7- **CERTAIN LAB TESTS, X-RAYS, & MEDICAL PROCEDURES** ORDERED BY OUR DOCTORS MAY BE SENT OUT OF OUR OFFICE TO ANOTHER MEDICAL FACILITY AND IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO PAY THE FACILITY DIRECTLY FOR ANY CHARGES, COPAYMENTS, CO-INSURANCE, OR DEDUCTIBLES THAT MAY APPLY. (See Policy #5.)

8- EACH PARENT/GUARDIAN IS **REQUIRED TO FILL OUT AN ANNUAL PATIENT DEMOGRAPHIC FORM** AND UPDATED OFFICE & BILLING POLICES FORM WHEN ASKED BY THE RECEPTIONIST.

9- FAILURE TO NOTIFY OUR OFFICE OF CHANGES IN ADDRESS, TELEPHONE NUMBER, INSURANCE, OR TERMINATION OF AN INSURANCE WILL RESULT IN THE PARENT/GUARDIAN BEING RESPONSIBLE FOR THE FULL CHARGES FOR THE DATES OF SERVICE THAT APPLY.

10- IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO PURSUE MONTHLY PAYMENTS TOWARD THE PATIENT'S ACCOUNT BALANCE OR THE BILL BECOMES DELINQUENT AFTER 60 DAYS OF NO ACTIVITY.

11- AS A COURTESY, OUR OFFICE MAY PLACE "REMINDER CALLS" FOR A PATIENT'S NEXT DOCTORS APPOINTMENT; HOWEVER IT REMAINS THE PARENT/GUARDIAN'S RESPONSIBILITY TO REMEMBER AND SHOW TO THEIR CHILD'S APPOINTMENT ON THE SCHEDULED DAY AND TIME.

12- IF THE PATIENT IS MORE THAN 10 MINS LATE TO AN APPOINTMENT, **THE DOCTOR RESERVES THE RIGHT TO RESCHEDULE THE APPOINTMENT AND CHARGE A \$40.00 NO SHOW FEE.**

13- FAILURE TO CANCEL A PHYSICAL APPOINTMENT WITHIN 24 HOURS WILL RESULT IN A **\$75.00 SURCHARGE** OR FAILURE TO CANCEL "SAME DAY" APPOINTMENTS WITHIN AN HOUR WILL RESULT IN A **\$40.00 SURCHARGE.**

14- THERE IS A **\$35.00 SURCHARGE** FOR ALL RETURNED CHECKS.

I HAVE READ AND UNDERSTAND THE ABOVE POLICIES.

SIGNATURE

DATE

PRINT NAME

RELATION TO PATIENT