



REDWOOD

PEDIATRICS

An Affiliate of Children's Mercy

Financial Policy

All co-pays and estimated co-insurance payments are due and collected at the visit. After charges are processed by your health insurance carrier (if applicable), you will be sent a statement with the amount you are responsible to pay. If this is unpaid after 4 weeks, a second statement will be sent. It is our intention to never send a single Redwood Pediatrics family to collections. We will work with you on alternative payment plans, consider volunteer hours as a means of payment, and try very hard to be sure that we can meet your payment needs in a way that is acceptable to you. However, if your balance remains unpaid, a collections processing fee determined by our collections agency will be charged to your account, but it will not be less than \$50. This fee is not covered by your insurance and is your responsibility.

Fees:

1. School and daycare forms are free of charge.
2. Portal access is free of charge.
3. E-prescribing of medications is free of charge.
4. Nurse triage phone calls are free of charge.
5. Redwood Pediatrics providers are available to our patients 24 hours a day, 7 days a week, 365 days a year. We will ALWAYS be here to answer your questions or concerns and give you the caring, knowledgeable and personal attention your child deserves. Office hours Physician or Nurse Practitioner triage phone calls are free of charge.
6. After-hours Physician or Nurse Practitioner triage phone calls are \$25 regardless of the length of the call. These calls often represent a significant savings given they result in fewer expensive visits to the ER or Urgent Care.
7. FMLA paperwork is \$25, due to the time-intensive and involved nature of these forms.
8. No-Show Policy: It is our intention to see every patient who needs a Pediatrician. We understand that life events are unexpected and sometimes unpreventable- we will ALWAYS work with you in these situations to do the right thing. However, failing to come to a scheduled appointment denies another patient an opportunity to be seen, and causes unnecessary staffing burden. If you are more than 10 minutes late for your child's scheduled appointment, you are considered as a no-show and a \$50 fee will be assessed to your account. This is your responsibility and will not be covered by your insurance. If you call before the clinic closes the day before an appointment to cancel an appointment, there will be no fee and a "no-show" will not be applied to your account. If a no-show is assessed, it will need to be paid before additional visits are scheduled.

Insurance: We will file insurance claims for your child, as applicable. By signing below, you consent to this filing and allocate all insurance benefits arising from the claim to be paid directly to our office. By signing below, you also accept responsibility for all charges not covered by your insurance plan and which are incurred by the patient. If insurance is invalid or terminated or inactive, you acknowledge that you are fully responsible for all incurred charges for services rendered. Your signature below grants Redwood Pediatrics permission to file an appeal if the insurance company denies or restricts payment.

Prior Authorization Requirements: It is our goal to work with you to obtain all required benefits and care for your child. However, should your health insurance require a prior authorization (or any other form of authorization), you hereby state that you understand that arranging for and obtaining such authorization is solely your responsibility.

Signed: _____

Date: _____