

Moon Valley Pediatrics

14001 N 7th Street . Suite G-114 . Phoenix, AZ 85022
Phone: 602-298-6930 Fax: 602-298-6918

Billing Agreement

We will not be able to proceed with your appointment until this form is completed.

Moon Valley Pediatrics' providers and staff want to continue focusing their time and efforts on quality patient care and customer service. Unfortunately, Moon Valley Pediatrics has been forced into a new billing policy due to all the recent changes in insurance and the high costs associated with billing. Please read this form in its entirety. Initial where indicated and sign and date the bottom of this form to confirm that you have read and agree to Moon Valley Pediatrics' new billing policy.

- **Payments can also be made over the phone or on our website prior to your appt. This works well when someone other than the parent/legal guardian is bringing your child(ren) into the office.**
- **We do not accept checks over \$100.00.**

1. **Deductibles**- All deductible plans are required to pay a \$80 deductible deposit per child, prior to being seen.
 - a) The cost of an office visit ranges from \$70 to \$150. We are collecting the average amount of \$80.
 - b) Office visit costs may increase based upon the visit complexity, labs done in office and treatments given. If the cost of the visit is more than \$80, a statement will be sent.
 - c) If your visit costs less than \$80, you will have a credit on your account to use towards future visits. Any credits not used for a year will be automatically refunded. You can request a refund sooner by calling our billing department. Please allow 10 business days after receiving your EOB to call the billing department.
 - d) I agree that I have received the supplemental deductible plan handout: **INITIAL:** _____
2. **Copays**- All copays are due at the time of service prior to being seen. Each child has their own copay.
3. **Coinsurance**- Coinsurance is billed to the patient after being seen and after the insurance processes the claim.
 - a) Payments are due within 30 days of the statement or at the next appointment whichever comes first.
4. **Balances**- Balances are due within 30 days of the statement or at the next appointment whichever comes first.
 - a) We do not send statements for balances less than \$10. Any balances less than \$10 will be collected at the next appointment.
5. **Circumcisions**- We are collecting a \$175 deposit for procedure: circumcision, for commercial/ private insurance. Ahcccs doesn't cover Circumcision and the self-pay price is \$350 for a circumcision procedure.
 - Moon Valley Pediatrics is not responsible for any costs incurred by utilizing Neb Group of AZ. Please check with your insurance plan to verify your coverage prior to accepting a nebulizer.
 - Costs for any labs, diagnostic testing, durable medical equipment or treatments done outside of our office are patient's responsibility. These costs are not associated with Moon Valley Pediatrics. This includes labs that are sent from our office to LabCorp, Sonora Quest or any other laboratories.

Please list all Patient(s) Names & DOB:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian -Printed Name

Parent/Guardian Signature

Date