

Moon Valley Pediatrics

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Phone: 602-298-6930 Fax: 602-298-6918

BILLING AND FINANCIAL POLICY

Welcome to Moon Valley Pediatrics. We are pleased that you have chosen us to be your child's primary care physicians. Please familiarize yourself with the following financial policies that our office has established to better serve you.

You must provide **current insurance card** and a **valid photo ID** at each visit.

Insurance

It is your responsibility to know the terms of your medical insurance policy, including covered benefits and restrictions. If you do not follow the procedures laid down by your insurance company, you may be responsible for all charges. Please ensure that both our office and your insurance company always have your current information such as addresses, ID numbers, etc. at all times. Insurance companies can reject claims if the basic information is wrong. We bill your primary insurance company as a courtesy to you. We emphasize that you are at all times responsible for payment as our service was provided directly to you or your child.

Newborn Child:

New parents are required to notify their insurance plan of their newborn and should have this done within 30 days of birth; however, the rules can be specific to your employer and/or the insurance company. Failure to do so will result in you being fully responsible for charges denied by the insurance company.

Payment in full is due at time of service for:

- Co-pays, coinsurance, deductibles or other amounts determined by your insurance company need to be paid at the time of service. For those patients with a deductible plan, a \$80 deductible deposit is due at the time of your visit. A statement is then sent to you for any outstanding financial responsibility that exceeds the initial deposit.
- **Non-covered or elective procedures/services such as circumcision.**
- From patients who do not have a medical insurance plan or have a plan we are not contracted with.
- Any past due balance.

Check & Credit Card acceptance policies:

- We accept cash, credit cards (Visa or MasterCard) and debit cards.
- We accept personal checks only from established patients for amounts not exceeding \$100. We do not accept third party checks or out of state checks.
 - For elective or non-covered procedures such as circumcision, payment must be made by cash or credit card without any exception.
 - If a check payment is returned for insufficient funds, the patient/guardian will only be allowed to pay by cash or credit/debit card for all subsequent visits.
 - Our returned check charges are \$30 per check plus all incidental expenses including but not limited to mailing charges, interest and collection charges, court and reasonable attorney fees, etc.

Collection Charges

Failure to pay balances within 60 days from the date of service can result in your account going to an outside collection agency. Please be aware that a 35% collection charges will be added to your bill.