



6512 S. McCarran Blvd, Suite D  
Reno, NV 89509  
Phone: 775-900-9987  
Fax: 775-900-9954

## Acknowledgment of Financial Policy (Effective April 1, 2022)

Patient Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Patient Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
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Patient Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Patient Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

\_\_\_\_\_  
(initial) **Financial Policy:** I acknowledge that I received, reviewed, and agree to comply with  
Ponderosa Pediatrics' Financial Policy dated April 1, 2022, including the Financial Responsibility  
and Insurance Coverage policies found within.

\_\_\_\_\_  
**Name of Parent Completing Form (Print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



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## **Ponderosa Pediatrics Financial Policy**

**(Effective April 1, 2022)**

Thank you for choosing Ponderosa Pediatrics as your children's healthcare provider. We appreciate your trust in us and the opportunity to carry out our mission statement.

Our office is committed to providing you with the highest quality care at a fair and reasonable cost. To accomplish this goal, we are requesting your help in avoiding unnecessary billing issues that may happen due to incorrect insurance information.

The following is a copy of our payment policy. Acknowledgement and understanding of this Financial Policy must be signed. Patients cannot be seen unless the statement is signed.

### **INSURANCE CARD IS REQUIRED AT EVERY VISIT**

**Regarding Insurance:** As a courtesy to our patients, Ponderosa will file claims to any insurance carrier with whom we are participating providers. It is the responsibility of the cardholder to acquire knowledge and understanding of what their eligibility and coverage is with their insurance carrier. If this is not known, it is suggested that the cardholder verify coverage limitations prior to appointment date. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. You agree to pay any portion not covered by your insurance. If the insurance company has not processed and paid the claim within 30-45 days or has denied the claim, payment of the account in full becomes the responsibility of the person bringing the child to our office for treatment.

**Insurance Release:** This is to certify that I have been informed prior to receiving treatment that my health plan may not compensate for the service rendered if any of the following conditions apply:

- My child may have a pre-existing condition or other diagnosis that may not be covered by my plan.
- Provider not participating in my health plan.
- Unmet deductible and/or out of pocket cost under my insurance plan contract.
- Well child check-ups, immunizations, as well as other routine services may not be covered by some insurance plans. Please check with your insurance carrier if you are not sure if routine services are covered (for example, development surveys/assessments performed during well child exams).

**Change of Insurance/Change of Address:** Please notify the office as soon as possible of all insurance and address changes. If the guarantor does not notify the office within 15 days of any change, the guarantor is responsible for all charges not paid due to a change in insurance coverage.

**Payment is required at the time services are rendered:** This includes applicable coinsurance, copayments, patient balances, and payments for services not covered or denied by the insurance company. If you participate in a high deductible insurance plan or have a deductible remaining on your current policy, we require a minimum of \$50 payment at the time of service payable towards your bill. Our software securely encrypts and stores your credit card information displaying the last 4 digits of your credit card number only, and PCI compliance runs regularly on all Ponderosa Pediatrics devices.

**Payment Methods Accepted:** Ponderosa Pediatrics accepts cash, personal checks, debit cards, Visa, Mastercard and Discover. We do not currently accept American Express.



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**Missed Copays:** We are required by our insurance contracts to collect all copays at the time of service. Failure to collect copays puts the responsible party and Ponderosa Pediatrics in default with the insurance contract.

**Returned Check Fee:** There is currently a \$30 fee for any checks returned by the bank. Cash or credit card payments will be required for any amount totaling more than one Returned Check Fee in a twelve month period.

**Missed Appointment Fee:** Missed appointments represent a cost to Ponderosa Pediatrics, you, and to other patients who could have been seen in the time set aside for your child. Cancellations are required 24 hours prior to any well child/preventative care appointment and 2 hours prior to any sick or problem visits. A “No Show” fee of \$50 will be assessed upon review of your account if appointment is not cancelled within the timeframe stated. ***Three no shows per family will result in the family being dismissed from the practice.***

**Payments:** Unless other arrangements are approved by our organization in writing, the balance of your statement is due and payable when the statement is issued. Payment is due within 60 days from the statement date. If you feel that your claim was unfairly denied by your insurance company, it is the guarantor’s responsibility to pursue the insurance company on their child’s behalf.

**Divorce:** In the case of divorce or separation, the parent authorizing treatment for the child on that day will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parents’ responsibility to collect from the other parent to cover the cost of the patient’s visit. (Refer to the Divorce Policy.)

**Outstanding Balance:** If you have a patient balance on your account, we will send you a statement. Ponderosa Pediatrics understands that full payment paid by the due date may not be possible in certain circumstances. As a courtesy, Ponderosa Pediatrics may offer a payment plan. This payment plan is a binding contract referred to as a “Payment Plan Agreement.” For services to be rendered, patients with a Payment Plan Agreement must be in full compliance with all conditions of the agreement. Failure to make scheduled payments on the payment plan or not paying off a balance in full may result in your account being turned over to a collection agency.

If we must refer your account to a collection attorney, you agree to pay all collection costs that have incurred. If there becomes a need to send the balance of an account to a collection agency due to non-payment of account, Ponderosa Pediatrics will no longer be able to provide care to your child. In this case, the guarantor will receive written notification and given adequate time to find a new health care provider. If your account is sent to collections, you will be unable to reinstate your child’s account with us.

**Waiver of Confidentiality:** You understand if the account is submitted to a collection attorney or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become matter of public record.

**Transfer of Records:** Should you wish to transfer care to another medical provider, you will need to complete the authorization to release records form, which can be obtained from our office or on our website. This form needs to be completed in its entirety for use to process the request. All balances should be paid before records are transferred.

**Billing Inquiries:** Questions about a bill should be directed to our Billing Department at 800-207-9135.