CHILDREN'S MEDICAL CENTER
Practice Limited to
Infants, Children and Young Adults
www.cmcpediatrics.com

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FINANCIAL POLICY

Children's Medical Center's (CMC) mission is to serve all families in our community to the best of our ability and capacity. Due to the ongoing changes in the insurance industry and the vast number of differences in plan benefits, our office utilizes the information provided to us by you. We want you to be aware that any quote of benefits given to our office by your insurance company ***is not*** a guarantee of benefits or payment. All balances and current payments will be collected when you arrive at check in, unless a payment arrangement has already been established with our billing office, Western Skies, and is current. In order for the office to establish benefits correctly and assign appropriate patient balances, a copy of your insurance card is required. ***It is your responsibility to keep the office updated with your correct contact information including your address and phone numbers along with your insurance information*.**

- Payment is due at time of service; this includes deductibles and co-pays.
- Your financial responsibility to us will include co-payments, co-insurance, deductibles and any claim denials from your insurance company for all services rendered.
- The office offers a 20% prompt pay discount for all patients without insurance or services that come back not covered by your insurance.
- After exhausting internal attempts for payment, we will send delinquent accounts to our collection agency after ninety days. You will then be responsible for all costs incurred in collecting the balance. Should this happen, you risk being discharged from CMC, and the acceptance back into the practice would only be considered after your account is paid in full.

I have read and understand the Children's Medical Center Financial Policy and I agree to be bound by these terms.

_____ _____
Printed Patient Name and Date of Birth Date

_____ _____
Printed Signatory Name and Relationship to Patient Signature of Responsible Party