

**CHILDREN’S MEDICAL CENTER**

Practice Limited to  
Infants, Children and Young Adults  
[www.cmcpediatrics.com](http://www.cmcpediatrics.com)

1818 N Ogden Street, Suite 300  
Denver, Colorado 80218  
303-830-PEDS (7337)

Spyridon Papadopoulos, M.D., F.A.A.P.  
Erin Ambardekar, MD, MPH, F.A.A.P.  
Debbie Chen-Becker, M.D., F.A.A.P.  
Elizabeth Sweeney, MD, F.A.A.P.  
Kathryn Ginder, DO, F.A.A.P.  
K. Lauren Mickey, MD, F.A.A.P.

**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, PMBC, 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 excluding vaccines and their administration.
- After exhausting internal attempts for payment, we will send delinquent account notices via MyChart and email after sixty days. Should this happen, you will be 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