



www.heartfeltpediatrics.com
Mailing address only: **1001 SW Disk Dr.**
Suite 250
Bend, OR 97702
Phone: 541-859-3550

FINANCIAL POLICY

Thank you for choosing Heartfelt Pediatrics LLC for your pediatric health care needs. Our goal is to provide the highest quality medical services to our patients at a reasonable cost. If you have any questions or concerns about our financial policy, please contact us at: 541-859-3550 Monday through Friday 8:00 AM - 4:00 PM.

- If you have insurance, please be prepared to present your insurance card at each visit. We are happy to submit a bill to most major and secondary carriers when all necessary information has been provided to us. All copayments and past due balances are due at the time of check-in.
- We require 48 hours' notice for canceling or rescheduling your appointment. An administrative fee of \$25 will be imposed for failing to provide adequate notice of a cancellation or rescheduling.
- Your coverage and benefit package are an arrangement between you and your insurance carrier. You are responsible to be aware of your benefits and to contact your carrier directly if questions arise regarding specific benefits and/or limitations of your plan. We are happy to assist whenever possible regarding general insurance benefit questions.
- Any reference our practitioners or staff may make regarding how insurance may pay for service(s) is an estimation only. We cannot, and do not, quote or guarantee insurance benefits. Regardless of insurance coverage, all services provided are the financial responsibility of the patient or the parent(s)/guardian(s) of the patient.
- Uninsured patients will be provided a Good Faith Estimate (GFE) prior to their appointment.
- All balances are due within 30 days from date-of-service. If you are unable to pay your balance, please contact our office to setup a payment arrangement for regular monthly payments. You may pay with cash, personal check, money order, credit card, or bank debit card. Payments can be made at the office, by mail, by phone or through our online payment portal at www.heartfeltpediatrics.com.
- Invoices for services rendered shall be provided to the designated financially responsible parent/guardian. This is usually the parent/guardian that is the primary caregiver. In Oregon, with some limited exceptions, both parents are entitled to access their child's healthcare information and are equally responsible for healthcare expenses unless legal judgment stipulates otherwise. Except as required by law, Heartfelt Pediatrics will not be party to nor arbitrate financial disputes between parents.
- Accounts may be assigned to an outside collection agency and reported to the credit bureaus when personal balance is over 120 days old and/or payment arrangements are missed. Patients whose account have been assigned to outside collections may be subject to dismissal.

I assign directly to Heartfelt Pediatrics LLC all medical payments and benefits otherwise payable to me for services rendered. I understand that I am financially responsible for all charges, whether or not paid by insurance, including annual deductibles, co-payments, or charges denied by my insurance company, for service rendered by Heartfelt Pediatrics LLC that I choose to have performed outside of insurance coverage, or charges denied by my insurance company as not covered or not medically necessary. I am responsible for any fees incurred should my account require collection action (i.e. late fees, collection agency fees, court or attorney costs). I authorize the use of my signature on all insurance submissions, whether written or submitted electronically. The practice may use my health care information and may disclose such information to any insurance company and their agents for the purpose of obtaining payment for service and determining insurance benefits or the benefits payable for related services. This authorization shall remain valid unless/until I rescind it in writing.

Print Patient's Full Name

Patient's Date of Birth

Signature of Parent/Legal Guardian

Printed Name of Parent/Legal Guardian

Today's date