



FINANCIAL POLICY

INSURANCE

- As a courtesy, we will bill most insurance carriers directly. Be advised, this does not guarantee payment and ultimate responsibility of the account is yours. You are responsible for deductibles, copays, non-covered services, coinsurance, and items considered “not medically necessary” by your insurance company. If you or your insurance carrier makes payment exceeding your balance, a refund will be issued.
- Providing accurate insurance information is the responsibility of the parent/patient. Patients are expected to bring their current insurance identification card(s) to each appointment.

PATIENTS WITHOUT INSURANCE COVERAGE

- A 25% (twenty five percent) discount will be given for patients without insurance if you pay in full for services on the day of the visit. We accept cash, debit, and credit cards (Visa and Mastercard).
- If you do not have health insurance or provide proof of coverage we require \$100 before your first visit. That amount will be applied to your bill for medical services provided and any remaining balance will be billed to you, or any excess will be refunded to you.
- Vaccines for Children (VFC): The Oregon Vaccines for Children will cover the cost of the vaccine(s) and you will be responsible for the administration cost.

PAYMENTS & COPAYS

- Copays are always due at the time of service. Failure to make a copay at the time of service will result in a \$15.00 billing fee added to your account.
- If payment of your bill creates financial hardship, it is your responsibility to contact our billing office to inquire about financial assistance that may be available to you.
- Partial payment is required at the time of service for non-insured payments.

RETURNED CHECKS

- Checks returned for insufficient funds will result in a \$25.00 fee assessed to your account.

DIVORCED PARENTS

- Both parents are **equitably** responsible for their child(ren)’s healthcare expenses, unless a court mandate stipulates otherwise. Disputes between parents will not be arbitrated by Tanasbourne Pediatrics, LLC.

COLLECTIONS

- Accounts are due and payable in full within thirty **(30)** days of statement date and no later than sixty **(60)** days after the date of service, regardless of insurance status or disputes.
- Should your account be sent to a collection agency, previous discounts (if any) will be reversed and you will be responsible for the full fee. Should your account be referred to an attorney for collection, the undersigned shall also pay reasonable attorney’s fees and collection expense.
- Families with any account sent to collections will automatically be dismissed from the practice.

CANCELLATION/NO SHOW FEE

- Missing an appointment without giving prior notice to the practice deprives other patients the opportunity to take a slot that opens up from a cancellation. We require 24 hours’ notice to reschedule or cancel an appointment. Failure to notify the clinic at least 24 hours prior to the appointment time will result in a no show fee of \$25. Three no show appointments within a family (among all siblings) will result in dismissal from the practice. New patients that do not provide notice and miss their first appointment will be advised to seek care at another pediatric clinic.