

Lowry Pediatrics Office Policies (please initial the following effective 07-01-2009)

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We strive to provide high quality in a child friendly setting. To help us reach our goal, the following policies are in place for our office:

\_\_\_\_\_ All office visits are to be scheduled. Please call our office before coming in. If you believe you have an urgent situation please call first. Some problems are best handled in the emergency room. Please arrive on time for your appointment. We try to offer a window of time for patients who are late but when arriving after your appointment time, it will be at the discretion of the office whether or not the appointment will be re-scheduled.

\_\_\_\_\_ Cancellation of appointments. To provide high quality care and in fairness to other patients and the providers, we require at least 24 hours notice to cancel appointments. There will be a \$25.00 fee for the second missed/cancelled appointment without a 24 hour notification. The practice reserves the right to dismiss patients with three or more cancelled appointments.

\_\_\_\_\_ Telephone calls. We strive to return calls in timely manner. We ask that you reserve after hours calls for urgent matters only, save routine questions or concerns for office hours. Please keep in mind when leaving a message during office hours that you are available at that number, providers and nurses return calls periodically throughout the day, so we ask that you can always be reached at the number you provide.

\_\_\_\_\_ Personal Information. All information will be verified at each visit, including insurance, address, and phone number. You will need to provide a new insurance card every time there is an insurance change. We will bill your insurance as a courtesy if appropriate information is provided.

\_\_\_\_\_ Payment requirements. Co-pays are required for service at all times, a \$15.00 fee will be assessed to bill co-pays. Payment for service is due at the time of service. We accept cash, personal checks, Discover, Visa and MasterCard. A \$5.00 fee is assessed for re-deposit of checks and a \$25.00 fee for returned checks. We reserve the right to refuse payment in the form of a check if there are two returned check fees on your account. A \$3.00 per month re-billing charge will be added to all accounts 60 or more days overdue to cover cost of billing. In the event that a payment arrangement needs to be established through our billing department, patients have a maximum of six months for payment in full. Furthermore, if accounts are placed with a collection agency due to lack of payment, we reserve the right to dismiss patients from the practice.

\_\_\_\_\_ Medicaid. Medicaid eligibility will be verified before each appointment. We do not accept Denver Health Medicaid.

\_\_\_\_\_ Private Health Insurance. As a courtesy to you, we will accept "assignment of benefits" and will bill your insurance carrier, provided proper paperwork is provided to us. Every effort will be made to closely estimate your co-payments, which are due at the time of service, but the ultimate responsibility for the unpaid balance rests with the parent/guardian. Please understand the insurance contract between you and your insurance carrier. If you have questions regarding your bill please contact Jolene in the billing department 720-859-8222 ext. 7. If an insurance carrier has not paid within 60 days of billing any unpaid fees are due and payable from the parent/guardian.

\_\_\_\_\_ Non-covered charges. Any charges not paid by your insurance carrier will require payment in full at the time services are provided or upon notice of insurance claim denial. Financial policies and extended payments may be discussed with our billing department. The billing policy can only be overridden with provider's approval.

This acknowledges I have read and fully understand these policies, If I had questions about any of these policies all of my questions have been answered.

\_\_\_\_\_  
Printed Name/Relation to patient

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date