



# Cherry Creek Pediatrics

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## **OFFICE & FINANCIAL POLICIES**

Cherry Creek Pediatrics (CCP) strives to provide the best medical care for your children. In doing so, we assist you with the filing of insurance claims so that you might receive the maximum benefits allowed. ***It is your responsibility to provide to us at the time of service, complete and accurate insurance information and respond to all coordination of benefits (COB) requests by your insurance company.*** Failure to do so may result in the associated charges becoming your financial responsibility. If you have more than one insurance plan, please notify the insurance company and CCP regarding which plan is primary. ***Please bring your current insurance card to each visit.*** If you do not have medical insurance, our staff will provide you with information regarding payment options.

### **INSURANCE RESPONSIBILITY:**

Payment for medical care is your responsibility if your insurance company does not pay or does not cover the services provided to you. ***Please be aware, we may provide services that your insurance may deny as “non-covered.”*** We suggest that you review the terms of your policy in full so that you understand which services are covered and those that are not. If you have questions regarding your policy, please contact your insurance company. Some insurance companies require a Primary Care Physician. Please make sure CCP or one of our providers is listed as your PCP prior to your visit. ***It is your responsibility to determine the extent of your insurance coverage and potential for personal liability before we provide services to you.***

### **CO-PAYMENTS:**

Co-pays are due at the time of service and are a contractual agreement between you and your insurance company. CCP cannot change or waive co-pays. Co-pays are typically not required for Well Child Exams. Co-pays are collected for all other visits, including nurse visits.

### **DEDUCTIBLES/CO-INSURANCE:**

Some insurance plans require their policy holders to meet a deductible amount before the insurance plan will cover any medical expenses. After a deductible has been met, some plans will pay for a portion of the expense and require the policy holder to pay a portion (co-insurance) of the medical expense. In both of these situations, CCP will bill the insurance company first and then provide you with a statement after the insurance has processed the claim with the amount of your responsibility. Our receptionists will ask you for payment at your child's next appointment if the claim has been processed and the balance is outstanding at that time.

### **CANCELLATION/NO SHOW/LATENESS POLICY:**

Our goal is to accommodate our patients' health care needs and their schedules. Missed appointments are a cost to us and to patients who could have been seen during the time set aside for your child's appointment. We need a 24-hour notice of cancellation so your appointment time can be offered to another patient. Reminder calls are made by our office as a courtesy. Failure to receive a reminder call does not eliminate the No Show/Cancellation requirements. ***WE MAY CHARGE A \$25.00 CANCELLATION FEE IF YOU FAIL TO CANCEL 24 HOURS IN ADVANCE. IF 3 APPOINTMENTS ARE MISSED WITH IMPROPER NOTICE, YOU MAY BE DISMISSED FROM THE PRACTICE. IF YOU ARE LATE FOR YOUR APPOINTMENT BY 15 MINUTES OR MORE, WE MAY NOT BE ABLE TO ACCOMMODATE YOU AND MAY ASK YOU TO RESCHEDULE.***

**ASSIGNMENT AND RELEASE:**

The Responsible Party acknowledges the child(ren) have insurance coverage and assign directly to Cherry Creek Pediatrics, PC all medical benefits. If any, otherwise payable to me for the services rendered. I authorize the release of all information necessary to secure the proper payment of benefits. I authorize the use of this signature on all insurance claims. I understand that I am financially responsible for all charges whether or not paid by insurance.

**REFERRALS:**

If your insurance policy requires a referral, you must receive a referral from our office **prior** to being seen by a specialist. Please allow 7 days for us to process the referral. In the event your child sees a specialist without our knowledge and your insurance requires a referral from your primary care provider, you may be financially liable for these charges.

**REFUND POLICY:**

Credit balances are reviewed and a refund is processed to the Responsible Party if appropriate. Credit balances less than 50.00 will be refunded at the Responsible Party's request.

**NOTICE OF PRIVACY PRACTICES:**

The Responsible Party acknowledges the receipt and has reviewed the Notice of Privacy Practices and agree to its provisions. A paper copy of our Notice of Privacy Practices is available upon request.

**STATEMENT OF NONDISCRIMINATION:**

Cherry Creek Pediatrics complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

**COLLECTIONS:**

CCP understands that a family may experience a financial hardship. Please contact our Billing department to discuss setting up a payment plan. In the event you ignore our efforts to come up with a mutually agreed upon financial payment plan, your account may be turned over to an outside collection agency. If your account is placed for collection with an agency and/or attorney, the Financially Responsible Party agrees to pay all costs of collection including, but not limited to, court cost of suit, reasonable costs of collection charged by the attorney and/or agency, and reasonable attorney's fees as permitted by statute or court judgment. No further appointments will be made for your children and you will need to find medical care elsewhere.