

The Children's Clinic
Financial Policy

The Children's Clinic strives to provide the best overall experience possible.
To help us with this, we ask that you agree to abide by our financial policy below.

Account #: _____

Guarantor Responsibility: Guarantors and patients are responsible for understanding their insurance benefits and guidelines for all services, as well as whether TCC services are covered under your insurance plan. Please contact your insurance company or policy handbook for questions regarding plan benefits. TCC will bill most insurance companies directly as a courtesy to you; however the payment of your account is ultimately your responsibility. Also as a courtesy, TCC will bill secondary insurance policies. However, if payment is not received within 30 days from the secondary carrier, the balance will become the guarantor's responsibility.

Providing Information: All patients will be required to fill out a registration form, sign a financial policy, and give a photo copy of picture ID annually. Please bring your insurance card to every visit. If any demographic information changes, you are responsible for updating TCC with the accurate information. It is the responsibility of the guarantor to provide TCC with valid insurance information at every visit. If TCC is not able to bill the insurance company because valid insurance information was not provided in a timely manner, the entire balance will become the guarantor's responsibility. Visits will be considered self-pay, and billed to the guarantor, if we are not given valid insurance information.

Newborn Insurance Coverage: Most health plans allow 30 days to add your newborn to your insurance plan. If you have coverage through Medicaid, you must contact your caseworker immediately to enroll your baby. If you are unable to provide proof of insurance coverage after your baby's two week appointment, you may be asked to make a deposit of \$75.00.

Co-pays: All co-pays are due in full at the time of service. Contractual obligations do not allow TCC to waive co-pays.

New Patients: All new patients being seen without insurance coverage will be required to pay a \$75.00 deposit. Patients who are unable to pay the deposit may be referred elsewhere for services.

Established Patients: All established patients being seen without insurance coverage will be required to pay a \$75.00 deposit. Patients being seen for routine care may be asked to reschedule. Patients who are being seen for an illness will not be turned away regardless of the ability to pay. In this case, please make sure to contact the business office to set up payment arrangements.

Out-of-state visitors: Out of state visitors being seen for a physical will be asked for payment in full at the time of service. A credit card number will be obtained at the beginning of the visit. Out of state visitors being seen for an illness will be required to pay a \$75.00 deposit.

Prompt Payment Discount: TCC will offer a 25% discount to all entities and/or individuals who pay for services, in full, within 72 hours of the date of service.

Checks returned for Non-sufficient funds: It is our clinics policy to charge a \$25.00 NSF fee for all returned checks. This fee is billed in addition to the original amount owed.

Collection policy: All balances are due within 30 days of your first statement. If you are unable to pay the balance in full within 30 days, please contact our Business Office (503-535-1458) to make payment arrangements. TCC does assign accounts to an outside collection agency. This agency does report to a national credit bureau, and may add penalties and interest. If your account is assigned, TCC reserves the right to reverse any previous discounts. The guarantor will need to contact the collection agency directly for all payment issues. A patient may be subject to termination of care if a balance(s) goes to collections.

Custodial/Financial Responsibility: TCC will not be responsible for disputes regarding divorce, custody, and financial responsibility. The custodial parent, and/or the parent who brings the child(ren) to the clinic will be responsible for the account. TCC will also not be involved in any court ordered financial responsibility and/or insurance subscriber responsibility.

I agree to all policies and procedures listed above, and accept financial responsibility as guarantor for the child(ren).

Sign: _____

Date: _____

Print Name: _____

Please list all children in the family below who are patients at The Children's Clinic (use back of form for additional space if needed):

Patient: _____

DOB: _____

Patient: _____

DOB: _____

Patient: _____

DOB: _____

Patient: _____

DOB: _____