



Gateway Pediatrics P.L.L.C,
205 S. Dobson Rd. #1, Chandler, AZ 85224
www.gatewaypediatricsaz.com
Phone: 480-963-6668, Fax: 480-963-6669

Billing and Payment Policies

We bill your primary insurance company as a courtesy to you. We have to emphasize that you are at all times responsible for payment as our service was provided directly to you or your child/ward. Our billing and payment policies are given below. If you wish, you can request a copy of this document for your records.

Payment in full is due at time of service for:

- a) Co-pays, coinsurance, deductibles or other amounts determined by your insurance company as having to be paid during time of service.
- b) **Non covered or elective procedures/services such as circumcision or lactation services.**
- c) From patients who do not have a medical insurance plan or have a plan we are not contracted with.
- d) **Services to one time/ short duration patients e.g. out of town visitors. WE DO NOT BILL THE PATIENT'S INSURANCE IN THESE CASES.**
- e) Charges for copying and other services we may provide as required under the Health Insurance Portability and Accountability Act 1996(HIPAA) or are requested by the patient/guardian/others.

Payment in full is due on receipt of a bill from us for:

- a) Amounts determined by the insurance company as the patient's responsibility and have not been collected by us during the time of service
- b) Payment for claims that have been rejected by insurance companies as a result of the patient being ineligible for any reason, or for not providing correct information or any other reason that patient needs to deal directly with the insurance company e.g. baby's name is not added to the plan.
- c) Any charges due to no-shows or missed appointments, if we do not receive notice of cancellation at least 24 hours prior to appointment.
- d) All other charges and fees, including interest charges, bank fees, court and legal fees etc.

Interest, collection and other charges:

- a) We reserve the right to charge interest at the rate of 13.5% on payments not received within 30 days of mailing the bill.
- b) If we have to send your bill to collection, we will charge you collection fees, interest, legal and court fees, reasonable attorney charges and all other incidental expenses.
- c) Our returned check charges are \$30 per check plus all incidental expenses including but not limited to mailing charges, interest and collection charges, court and reasonable attorney fees etc.

Check & Credit Card acceptance policies:

- a) We accept cash, money orders and credit cards (Visa or MasterCard only).
- b) Credit card payments are accepted only from the card owner with proof of identity.
- c) We do not accept personal checks.
- d) Credit card payments cannot exceed the amount due. We cannot give cash back.

I have had an opportunity to review these policies. I understand and agree to these policies.

Signature of Parent/Guardian/Patient

Name of Patient

Date