Sunflower Pediatrics, PC
12500 West 58th Avenue, Suite 233
Arvada, CO 80002
720-536-5282

Patient Financial Policy

Sunflower Pediatrics, PC strives to provide the best medical care for your children. In doing so, we assist you with filing insurance claims to help you receive the maximum benefits allowed. Therefore, at the time of service, it is your responsibility to provide us with complete and accurate insurance information. If you do not have medical insurance, our staff will provide you with information regarding payment options.
All patients or legal guardians must complete and sign the Patient Information Form before being seen by a provider.
Co-payments must be made upon check-in. We accept cash, checks, Visa, MasterCard and Discover. No post-dated checks will be accepted. For all returned checks, there will be a $40.00 return check fee. Co-payments are a contractual agreement between you and your insurance company, and Sunflower Pediatrics cannot change or waive co-pays. In addition, there will be a $15.00 charge for non-payment of co-pays at the time of service.
A current insurance care must be provided for verification. If you have changed insurance companies, please complete an Address/Insurance Information Update sheet.
Please notify us immediately of any address and/or phone number changes.

INSURANCE RESPONSIBILITY

Payment for medical care may be your responsibility if your insurance company does not pay or does not cover the services provided for you or for your child. Please be aware that we may provide services that your insurance may deny as "not covered." We suggest that you review the terms of your policy in full so that you understand which services are covered and which are not. If you have questions regarding your policy, please contact your insurance company, as we cannot be responsible for knowing the specifics of each patient's insurance plan. Please determine the extent of coverage and potential for personal liability before we provide services for you.

NO SHOW / CANCELLATION POLICY

Our goal is to accommodate all of our patients' health care needs and schedules to the best of our ability. Therefore, we maintain a 24-hour cancellation policy to ensure all available appointment times can be utilized for patient care. If you fail to notify us of a cancellation, or notify us with less than 24 hours notice, you will receive a written warning. This will include a signed statement that you have reviewed and understand our cancellation policy. For a second offense, you will be charged a $25.00 cancellation fee. If three appointments are missed with improper notice, you may be dismissed from the practice.
Please note that "reminder" calls are made by our practice as a courtesy to our patient families. Failure to receive a reminder call does not eliminate the No Show/Cancellation Policy requirements.

LATE POLICY

If you are more than 15 minutes late for a "well-care" or "physical" appointment, you will be considered a "No-Show" and may be asked to reschedule your appointment. In addition, our "No-Show" policy will be instituted. If you are more than five minutes late for a "sick" visit, we will make our best effort to see you in a timely fashion; however, patients who are on time for their appointments will be given priority and late patients will be seen only if time permits. You may also request to reschedule for an appointment later in the day, and we will do our best to accommodate your needs.

PRIMARY CARE PHYSICIAN

Due to the regulations of many of today's managed care insurance plans, you must make certain if your insurance plan requires you to designate an authorized primary care physician, that Sunflower Pediatrics, P.C., or one of our providers is listed on your insurance as your primary care physician. If our practice or one of our physicians is not designated prior to your visit, you may be required to pay in full for all services rendered.

RECORDS TRANSFER AND COPIES OF RECORDS

Currently, the Colorado Department of Public Health and Environment regulations governing patient access to medical records from licensed health institutions, facilities, or health care providers mandates that the maximum allowable charge cannot exceed $14.00 for the first ten or fewer pages, $0.50 per page for pages 11-40, and $.33 per page for every additional page without Department approval. Actual postage or shipping costs and applicable sales tax, if any, also may be charged. No fees shall be charged by a health care provider of patient records for requests for medical records received from another health care provider solely for the purpose of providing continuing medical care to a patient.

INTEREST

We allow 60 days from the date of service for the insurance company to pay their portion of the office bill and the next 30 days for you to pay your portion of the bill. Interest at a rate of 18% per annum, with a $3.00 monthly minimum charge, will be assessed on balances 90 days or older.

NONPAYMENT

If your account is placed for collection with an agency and/or attorney, the undersigned Responsible Party agrees to pay all costs of collection including, but not limited to, court costs, reasonable costs of collection charged by the agency and/or attorney, and reasonable attorney's fees, as permitted by statute or court judgment.

I have read, fully understand, and agree to all terms set forth in the above Patient Financial Policy.

Printed Name of Responsible Party:_____

Signature of Responsible Party:_____

Child's Name:_____
Date of Birth:_____

Child's Name:_____
Date of birth:_____

Child's Name:_____
Date of Birth:_____

Child's Name:_____
Date of Birth:_____