

SISKIYOU PEDIATRIC CLINIC LLP

700 SW RAMSEY AVE #204
GRANTS PASS, OR 97527

PATIENT FINANCIAL POLICY

GUARANTOR - The adult accompanying the child is responsible for payment at the time of service. The parent/guardian with whom the child resides is the person who will be billed for any remaining balance. **Siskiyou Pediatric Clinic does not mediate financial arrangements between parents/guardians.**

DIVORCE DECREES - Siskiyou Pediatric Clinic is not a party to your divorce decree. The responsibility for minors rests with the accompanying adult.

INSURANCE - It is the responsibility of the patient to know what is covered and excluded from his/her plan.

CO-PAY - We ask that you pay your co-pay at time of service.

ONE INSURANCE with PERCENTAGE - 10% is required at time of service (to be calculated at check out desk) if there is a balance after insurance pays we will send a statement.

PRIVATE PAY - We ask that our patients without insurance pay in full at time of service. There is a 15% discount for payment in full.

NON-SUFFICIENT FUNDS - A fee of \$25.00 will be assessed to your account for any checks returned due to non-sufficient funds.

PAST DUE - If you have a past due balance we may postpone your next visit until your account is current.

SERVICE FEES - We reserve the right to apply a billing charge of \$5.00 per month to your account for balances over 60 days old.

METHOD OF PAYMENT - We accept checks, money orders, debit cards, Visa, Mastercard and cash.

I have read and agree to the above financial policy for Siskiyou Pediatric Clinic, LLP

Signature of responsible party

Date