

GREEN MOUNTAIN PEDIATRICS

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Patient Financial Policy

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Thank you for choosing Green Mountain Pediatrics as your child's healthcare provider! We are committed to providing your child with the best medical care possible. In order to thoroughly assess your child's growth and development, and to provide quality care with the most current technologies, we must ensure that we are able to meet the expenses necessary to operate and staff this facility.

Your clear understanding of our Patient Financial Policy is important to our professional relationship, which is why we provide this Agreement to outline the policy and clarify your agreement to pay for services provided. Please ask if you have questions about our fees, our policies, or your responsibilities. After reading this document, please sign and date the last page to indicate you accept the terms.

Insurance & Understanding Your Benefits

We provide services to you, not to insurance companies or government agencies. If you provide us with the necessary information, we are happy to file claims with your insurance company on your behalf. We will ask for your insurance card at each visit to verify the information and ensure that we have a copy of the card for our records. You are financially responsible for any balances not covered by your insurance plan.

Depending on your exact benefits, you may be responsible for deductibles, co-payments, co-insurance, and non-covered charges. Many insurance companies cover all services included in a Well-Child Check, but some of these charges may be attributed to your deductible or require coinsurance. Office visits that are not Well-Child Checks often require a copay and some of the services rendered may be attributed to your deductible or require coinsurance.

Please take the time to understand your insurance benefits, including requirements related to referrals and pre-authorization of services. As an outside party in the relationship between you and your insurance carrier, we are generally unable to intervene on your behalf in the event of a dispute. You are ultimately financially responsible for paying for services provided to you by our clinicians. If the patient in question is a child, the responsible party will be the child's parent or legal guardian, insurance guarantor, and/or the authorized assigned representative who brings the child in for medical care.

Co-Payments

Co-payments are due at the time you check in for your appointment, before your child is seen by a provider. If you do not make your co-payment on the date of service, you will have a balance due on your account until it has been paid.



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Understanding Our Charges

Patients will be charged for the services that are performed during the course of their appointment. There is a base charge for the office visit itself, which may include an examination of the patient, discussion of the nature of the patient's health concerns, medical decision making by the provider, and development and discussion of a treatment plan. Other charges will be assigned for services that are performed during the visit which often include, but are not limited to, vision and hearing tests, emotional and behavioral screeners, laboratory tests, and administration of immunizations.

No-Show Fee

Missed appointments cost our practice and prevent our providers from seeing patients who could have used the time dedicated for your appointment. Please call our office as soon as you know you will be unable to make your appointment. If an appointment is missed and we do not hear from you, we will assess a \$15 "No Show" fee. Multiple "no shows" per family within a twelve month period may result in dismissal from the practice.

Payment Options

We require that you complete a Card-on-File agreement at our office to easily take care of your balances. Once your insurance carrier has adjudicated the claim for your visit, you will receive an EOB (Explanation of Benefits) letter that tells you exactly what the insurance will pay and how much of the bill is your responsibility. We receive this same letter and will only charge you what your insurance company tells us is your responsibility. With a card on file, you will receive an email from Athena five calendar days with the charge amount before the payment is scheduled. During these five days, you will have the opportunity to call us and make different payment arrangements if necessary. In the event that your total balance due is more than you can pay, we will work with you to create a payment plan.

Green Mountain Pediatrics will also accept cash, checks, and credit card payments. Cash and checks can be accepted at the office, and one-time credit card payments can be made in person, through the Athena Patient Portal, or by calling the office at (303) 936 - 7415.

Thank you for taking the time to read and understand our Financial Policy. We appreciate the opportunity to provide your child with our medical services! Please let us know if you have any questions or concerns.

Patient(s) Name and Date of Birth:

I have read and agree with the information contained in this Financial Policy.

Responsible Party Printed Name

Responsible Party Signature

Date