

**Guarantor Financial Agreement and
Authorization for Treatment**

PRACTICE POLICIES

- • You will receive a monthly statement if you have a balance due.
- • If your account is placed in collection for failure to pay an outstanding balance, we reserve the right to dismiss patient from our practice
- • You are responsible for any bank charges associated with checks not honored by our bank.
- • If there is an outstanding patient balance for more than 60 days, we cannot schedule well child care.
- • Well visits not cancelled 24 hours before the scheduled time are subject to a \$50 charge. Sick visits not cancelled at least 2 hours prior to the scheduled time are subject to a \$25 charge.
- • Beansprout Pediatrics reserves the right to charge a reasonable and customary fee for the preparation of medical records for transfer. Payment is due upon receipt of the document(s).
- • I understand Beansprout Pediatrics (BSP) may obtain my prescription history and preferred medications from a centralized database to assist in my care and I authorize BSP to do so.
- • A convenience Fee- of \$30.00, in addition to, your co-pay, any outstanding balance or self-payfee-for-service, is due at the time of service. Currently the fee is only for Saturday appointments with the on call provider. This fee will no longer be waived or billed to guarantor (parent/guardian) or insurance company

IN NETWORK MANAGE CARE PLAN

- If you have a managed care plan in which we participate, you are responsible to provide us with current and accurate information at each visit.
- You are responsible for fees incurred if we do not have your current insurance information at the time of service.
- Co-pays must be paid at the time of service.
- If you're insurance plan is a HMO or POS policy, and requires you to choose a PCP (Primary Care Provider). You will need to choose one of the following physicians: Brian Temple, Danielle Grant, or Emily Brown prior to the first office visit
- You may be responsible for fees if routine services provided are not covered by your insurance plan, or if your insurance company denies payment for covered services.

OUT OF NETWORK/PRIVATE INSURANCE OR UNINSURED

- Professional services rendered are charged to the patient. Payment is expected when services are rendered.
- We will not bill your insurance company. Beansprout Pediatrics will provide you with a receipt that will list CPT & ICD-10 codes so that you may file a claim to your insurance company.
- Medical Expense Sharing Programs are not insurance. Each plan varies on covered benefits. You are responsible to know the coverage and limitations, and responsible for services BSP provides, that are not covered.

I, _____ *printed name of responsible party for patient listed below:*

patient (child) name

date of birth

Authorize Beansprout Pediatrics to provide medical care for my child. I have read and agree to the financial terms outline herein

signature of responsible party

date

relationship to patient