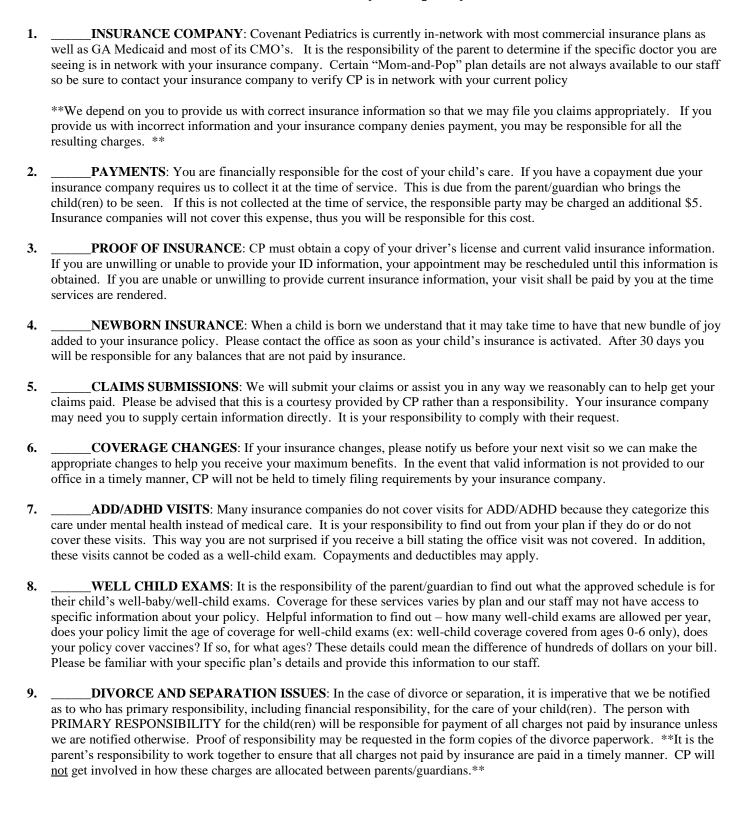
## **Covenant Pediatrics Financial Policy**

Thank you for choosing us to be your child's primary care physician. Effective 06/15/14 Covenant Pediatrics (CP) will implement a new Financial Policy. Please understand that payment of your bill ensures the practice remains financially healthy and stable so that we may continue to provide care for future generations. If you have any questions regarding this financial policy, please do not hesitate to speak with Management. We will be glad to assist you.

## Please initial by each policy



With the deductible Name: Address:  INSURAP Primary Policy Ho Sex (Circ Patient's I agree to the deductible name of the second name of the se	e exception of Copays and Self Pay which are due at the les, coinsurance, or balances that insurance may deem to be	the patient responsibility?  SSN: Zip Code:  Secondary Ins Name:  Policy Holder: Sex (Circle): M  Patient's Relationship	Relationship to Patient: Phone:	
With the deductible Name:	e exception of Copays and Self Pay which are due at the les, coinsurance, or balances that insurance may deem to be	the patient responsibility?  SSN: Zip Code:  Secondary Ins Name:  Policy Holder: Sex (Circle): M  Patient's Relationship	Relationship to Patient: Phone: DOB: F SSN:	
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With the	e exception of Copays and Self Pay which are due at the les, coinsurance, or balances that insurance may deem to be	the patient responsibility?		
With the	e exception of Copays and Self Pay which are due at tl	he Time of Service, who is Financia the patient responsibility?	ally Responsible for any bills that may occur due to	
FINANCIAL RESPONSIBILTY				
PATIE	NT NAME(S) & DOB			
	<ul> <li>Immunization records will be prepared w</li> <li>Requests for medical records and special \$30, or as allowed by State Law. Some i responsibility of the parent/guardian to p</li> </ul>	ized reports are usually comple insurance companies may not co	ted within 5 days and may have a charge of	
13.	OTHER SERVICES			
12.	also have an after-hour fee applied to. While mos this charge is the responsibility of the parent. Pati	AFTER HOURS CLINIC: All After Hours care for Covenant Pediatrics is at the Martinez location. Every visit will o have an after-hour fee applied to. While most insurance companies will cover this charge, some do not. If they do not, s charge is the responsibility of the parent. Patients of CP who have unpaid balances will incur the same rebilling fees and offit recovery/collections practices as they do at CP during regular office hours.		
12	This will not be covered by insurance, thus you w	f this occurs an additional fee or		
	collections: Delinquent accounts the to the first phase of our profit recovery system. If		days past due it will automatically be sent	