



Sierra Pacific Pediatric Associates  
16465 Sierra Lakes Parkway, Suite 250  
Fontana, California 92336  
12442 Limonite Ave, Suite 202  
Eastvale, Ca 91752  
909-829-7337 Fax 909-829-1218

## FINANCIAL POLICY

Thank you for choosing Sierra Pacific Pediatric Associates as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment.

The following is a statement of our financial policy. We require that you sign and acknowledge of receiving this policy.

Your health insurance policy is a contract between you and the insurance company. Out of courtesy we will verify your benefits. We will attempt to bill your primary insurance company for all services rendered in our office. **Any denied services are patients' responsibility.**

### CO-PAYMENT:

Co- Payment for services, in accordance with your insurance benefits, is due at the time of service.

### DEDUCTIBLE & COINSURANCE:

Our office requires a deposit for unsatisfied deductible and coinsurance, \$85.00 ( for sick visits) \$125.00 or greater (for preventive services) **Please note this only applies to patients with deductibles.**

### REMAINING BALANCE AFTER YOUR INSURANCE COMPANY HAS PAID:

Sierra Pacific Pediatrics will submit a claim to your primary health insurance company for services provided. Any balance remaining following adjudication of the claim is your responsibility. This balance may include deductible not covered by deposit collected or coinsurance and any charges not covered by your insurance company. Payment for this balance is due upon receipt of your billing statement.

### COVERED CALIFORNIA AND MARKET PLACE ENROLLES:

Premiums must be current at the time of service.

### DIVORCED PARENTS:

Sierra Pacific Pediatrics will not get involved in custodial, separation or financial disputes. The parent bringing the child in for services is responsible for payment. We will be happy to furnish you receipts so that you may be reimbursed.

### DELINQUENT BALANCE:

Every attempt is made to ensure your account responsibility does not become delinquent. Your account will be considered delinquent at 90 days from date of service. Payments plans can be arranged with our billing department. Balances that are not reconciled within 6 months will be referred to outside collection agency.

### OUTSIDE COLLECTIONS:

If collection outside of this office becomes necessary, you will be charged a processing fee and your patient relationship with the provider may be terminated.

### BANKRUPTCY:

Those who file for bankruptcy and add Sierra Pacific Pediatric Associates to the dismissal debt will be discharged from our office.



#### AFTER HOURS TELEPHONE CALLS:

We will bill according to insurance guidelines for calls to the on call physician. Benefits related to this service vary by insurance company. **We will not bill for calls related to follow up questions from office visits from previous seven days, for calls that lead to an emergency visit, or for calls that lead to an office visit to your pediatrician the following business day.**

#### ADDITIONAL FEES:

Co-payments not paid on day of service	\$15
Returned Checks	\$25
Invoice more than 60 Days past due	\$30
Immunization record	\$5
Copy of records	\$15 + .25 per page
After hours telephone consults	\$25 to \$35 depending on severity

WE ACCEPT CASH, AND MOST BANK CARDS FOR DEBIT, CREDIT, HEALTH SAVINGS AND FLEXIBLE SPENDING ACCOUNTS

## Email disclaimer: A Patient Guide to E-mail Communication

### *What should I know about e-mail communication?*

E-mail is fast, convenient, and efficient. E-mail works well for many non-urgent questions, requests or messages you may have for your doctor. The most important thing you should know is that the confidentiality of e-mail exchanges cannot be guaranteed. While the security of e-mail is comparable to other types of communication (such as phone calls), there are some special issues with e-mail:

- If your e-mail address is through your employer, your employer may own all e-mails sent to that address.
- If your e-mail address is a family address, other family members may see your messages.
- If you use an internet service provider, there is a small risk that messages may be intercepted by others ("hackers").

You should also know that e-mail you send to your doctor may be read by others in the practice.

### What types of communication are appropriate for e-mail?

- Prescription refill requests
- Appointment scheduling
- Non-urgent medical advice or follow-up (including some types of test results)
- Billing/insurance questions

### The following subjects are never appropriate for e-mail:

- Any urgent medical problem or emergency
- Mental health issues
- Drug and alcohol problems
- HIV and other sexually transmitted diseases

Please keep in mind that although e-mail can be a very effective tool, it is not a substitute for a physical exam or counseling by your doctor. You can expect a response to your e-mail question or message usually within the next business day. If you do not get a e-mail reply within the expected time, you should assume I did not receive your e-mail. You should then call the practice with your question or request.

1. I have read the information above about e-mail procedures and privacy and have received answers to all of my questions about using e-mail to communicate with the Sierra Pacific Pediatric Associates Medical Office.
2. I understand that any e-mail that I send may be seen by people other than my doctor and that the Internet is not an error free network. I understand that e-mail is never appropriate for urgent or emergency situations.
3. I understand the terms outlined in this notice, and I consent to the use of unsecured e-mail in addition to other methods of communication with Sierra Pacific Pediatric Associates Medical Office.
4. It is my responsibility to notify the Sierra Pacific Pediatric Associates Medical Office in writing if my e-mail address changes.
5. I understand that either I or my doctor may choose to discontinue the use of e-mail communication at any time.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_